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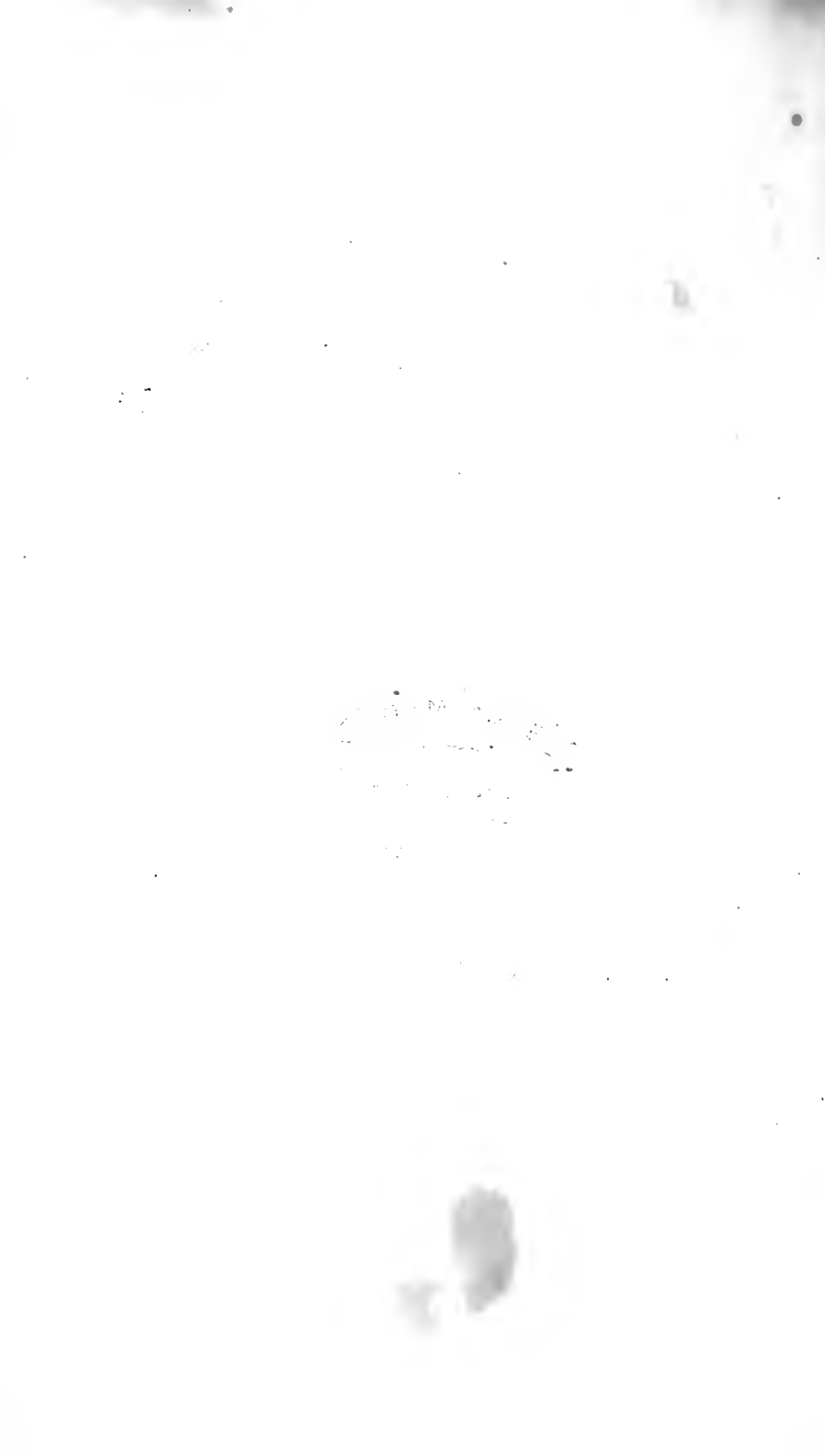
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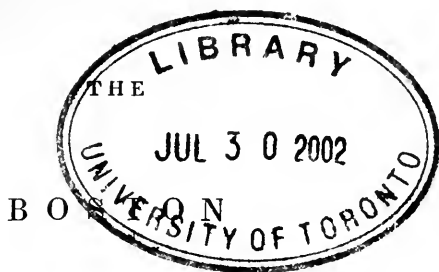
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[NO. 1.]

ON A MODE OF REMOVING TUMORS GROWING WITHIN THE MOUTH, ATTACHED TO THE BONES.

BY MR. WARDROP.

THERE are several distinct species of tumors, or polypi, which grow within the mouth, but the following observations apply only to those excrescences which either originate in, or are intimately connected with, the bones.

The tumors to which I allude are most commonly met with on the upper or lower jaw, at the base of the alveolar processes. They appear to be composed, externally, of several rounded masses, of a dark purple color, possessing a more or less soft, elastic feel; and adhering immovably, by a broad base, to the subjacent bone. Tumors of this description also grow from the antrum and other cavities of the nose; and, if allowed to increase, sometimes attain an enormous bulk, and ultimately destroy life.

The modes which have been usually resorted to for removing such tumors are, *extirpation with the knife*, and the *actual cautery*.

In those cases where I have employed these means, failure has generally resulted; and I have often witnessed very cruel and severe operations fruitlessly resorted to, when thus attempting to remove large tumors of this description. The history of the two following cases points out not only an effectual, and easily manageable, but a much less formidable, mode of eradicating such tumors.

CASE I.—A youth applied to me on account of a tumor situated on the lower jaw, which had displaced, and occupied the situation of, two of the incisors and canine teeth, and extended to the first molares of the left side of the lower jaw. It had a nobby surface, was of a dark purple color, and adhered firmly to the alveoli by an extended base.

I removed this excrescence, and cut it away closely to the bone. Soon afterwards it grew again; when, besides removing the fleshy mass, a portion of the subjacent bone was taken away with a trephine. The tumor grew a third time; and dreading its progressive increase, I contemplated, as the most certain means of curing this disease, the removal of a considerable portion of the jaw.

Mr. George Young was consulted on this point. He related to me an instance of a large tumor of the same description growing from the antrum, which, after having been unsuccessfully removed with the knife, he completely eradicated by producing an exfoliation of the bone from whence it grew, by the repeated application of *kali purum*. This rational practice and Mr. Young's ingenious mode of managing it, were

immediately adopted in the case of the present youth, and with the most perfect success.

After dissecting away the tumor, the kali was rubbed over the raw surface of the base. The adjacent sound parts being carefully protected with dossils of lint, the kali was repeatedly applied to the surface, which was again and again cleared by rubbing off the dead portions after each application of the kali. This process, which occupied a considerable time, was daily repeated. Finally, the bone was laid completely bare, and in a few weeks a bone exfoliated, consisting of a thin lamella of considerable breadth.

The vacuity which remained, and which was large, from three of the teeth having been removed, rapidly granulated and cicatrized, and when I saw this patient a few years afterwards, I was astonished to find that the contiguous teeth had coalesced, filling up the deficiency in the jaw in a most extraordinary manner.

CASE II.—A gentleman, forty-five years of age, had a tumor of the upper maxilla, which completely filled up the space between the four incisors and lip, and was so large as to elevate the lip and deform the countenance. It was of a dark purple color, had a firm fleshy feel, and adhered immoveably by a broad base to the subjacent bone.

I dissected back the lip, to expose the whole tumor, and then removed all that portion which the knife could reach, and afterwards freely rubbed the *kali purum* on the raw surface. The application of the kali was repeated every day for some time, and subsequently every other day. Ultimately the alveolar processes were completely exposed, and exfoliating portions of the thin external laminæ daily separated, so that in a few weeks the whole dead bone had exfoliated, and the surface which it exposed was afterwards speedily covered with granulations, which cicatrized, and left little deformity.

Remarks.—These cases will suffice to show the advantages to be derived from this mode of treatment, for it is evident that by the knife alone it is impossible to destroy such tumors, as they grow in situations where it is often not practicable to saw off, or otherwise remove, the diseased portions of the bone from which they grow. Nor can the actual cautery answer the intended purpose, unless by such frequent repetitions of a painful operation as few would allow.

The common lunar caustic is quite useless in such cases; as the length of time occupied by the formation and separation of an eschar renders it too inert a remedy, the growth of the tumor being more rapid than the destruction effected by the caustic; whereas the *kali purum* possesses all the advantages of the actual cautery in the rapidity of its action, and of the lunar caustic in the nicety of its application. The kali destroys the life even of skin, almost as quickly as the cantery, so that slough after slough may be produced, and a large portion of the diseased growth thus daily destroyed. Besides, it has the advantage of being applied with great precision to any particular part, by which only the diseased portion is destroyed, and the necessary quantity of bone denuded. With regard to the pain produced, this mode is decidedly preferable. The application of the kali on the tumor produces but slight uneasiness, and I have

been surprised how little a patient complains unless it touch the sound and healthy parts.

I think it also extremely probable that this practice may be beneficially adopted for the removal of tumors in other parts of the body, which are attached to bones, or for the removal of diseased bones themselves.

CASE III.—A lady had for many years a small abscess on the heel, at the bottom of which Mr. Young could feel, with a probe, a piece of carious bone. In place of resorting to a severe operation with the knife, he enlarged the sinus with the kali, and then applied it to the carious portion of the os calcis, which soon exfoliated, and the patient completely recovered.—*Lancet*.

REMARKS ON CASES OF RETAINED PLACENTA.

BY T. I. CHARLTON, M.D. OF BRYAN CO., GEORGIA.

IN the southern States, parturition is generally an easy and safe process ; deformity of the pelvis is a rare occurrence, and rigidity of the soft parts, so frequently retarding and rendering labor hazardous in the north, is here not often met with, or easily remediable. I do not think I am hazarding anything in asserting, that at least one-half of the fatal terminations of the cases of parturient women are attributable to the placenta, either to its partial separation, and the consequent hæmorrhage, or to its retention in the uterus for a length of time beyond the proper period for its expulsion, and to the state of extreme prostration and fever resembling typhus which follows. This last occurrence (the subject of this paper), is infinitely rarer than the first or hæmorrhage, and can only be accounted for by the most culpable negligence in permitting the retention to exist so long ; or by the unusual circumstance of a portion of the placenta being scirrhus and firmly attached to the womb. Having met with cases of this kind, in which the retention had existed from three to six days before I saw them, and having had to treat them more from inference and analogy than from any specific method I could find in books, I have thought it might not be altogether useless to give the history of the cases and the mode of treatment adopted.

Jeanette, a colored woman, had miscarried four days before I saw her ; the child was of the seventh month, and had died within an hour after birth ; the midwife had attempted to bring down the placenta by pulling at the cord, which she ruptured ; she had also made frequent attempts to detach it from the womb, but said she had found it impossible to accomplish this, the adhesion being so firm as to render it probable that a persistence in the attempt would have inverted the uterus. There had been but little flooding, and the womb had contracted (according to her statement) around the after-birth, but not sufficiently so as to make this a cause of retention.

On the fifth day I saw her ; her pulse was 120 ; she had great heat, oppression, headache, coma, and in fine, all the symptoms which characterize typhous fever, so called ; the fetor from copious discharges of a green water from the uterus was very great ; the tenderness of the soft

parts made an examination very painful ; on making it, I found a portion of the placenta attached to the fundus uteri, which I brought away ; it was highly offensive, and more than ordinarily compact in structure ; the other contents of the womb were a semifluid substance, which was no doubt the remaining placenta in a putrescent condition ; I brought away a part of this, but as the effort was attended with great agony from the inflamed state of the vagina and uterus, I did not think that a persistence in the attempt to bring away all the contents of the womb would be advisable. I had in Dewees's Midwifery met with descriptions of such cases, in which he says that the prognosis is very unfavorable, but recommends as a palliative for the local symptoms the use of injections of chamomile tea, with a little quicklime slacked in it. I was led, by seeing the powerful antiseptic effects of the chloride of lime in other diseases, to infer that it might be useful in this instance. I accordingly directed an injection of a weak solution of it to be thrown into the vagina every hour, at the same time small doses of the acetate of ammonia were given every hour, and the free use of gum water and lemonade directed. I did not employ the bark, wine, or any other stimulant or tonic commonly recommended in similar cases, for the reason that I had never seen typhous fever benefited by these remedies, and the constitutional affection in this instance I deemed to be exactly the same with that which is usually called typhus, that is, a gastritis either primarily occurring, or superinduced. In this case the inflammation of the organs of generation, the pain, the mental excitement, were amply sufficient to have produced a sympathetic gastritis. I am borne out in this supposition by the following proposition of Broussais. "Intense irritations of all organs are constantly transmitted to the stomach from their very commencement. If the irritation received by the stomach attains to the degree of inflammation, symptoms of gastritis appear, and as the brain is always then more irritated, it develops in a higher degree the sympathies which are proper to it, and may even become inflamed."

In this case there were all the symptoms that occur in primary gastritis—the dark tongue, the muscular debility, the depression, the coma, were all present. I treated it as a gastritis—I withheld all stimulants, except the acetate of ammonia, which is the most transient one, and which I have found to be the only one I could safely use in cases of united inflammation and debility : I gave demulcent and acidulated drinks plentifully, and blistered the extremities. The chlorine injection, by correcting the fœtor, rendered the patient's situation much more comfortable ; the fever also diminished considerably in twenty-four hours after the adoption of the constitutional remedies ; the pulse became fuller and slower ; the coma disappeared, and in fine, all the symptoms I attributed to the gastritis yielded to the remedies administered for that disease. The soreness of the vagina, &c. was relieved by mucilaginous injections ; the discharges from the uterus continued for about a week, at the end of which time all its contents had been discharged, and the lochia were not immoderate.

In a similar case of a young married woman, where the local and general symptoms were even more aggravated by a retention of a week's duration, the same plan of treatment succeeded.

At the time when these cases occurred, I had not read Broussais's Pathology, in which the above quoted proposition is contained, id est, that irritation of any other organ can produce gastritis ; but I was familiar with his other works, and was accustomed in the treatment of all diseases to watch for the symptoms of gastric irritation, and to present further indications, for although not as yet well knowing how these symptoms had been brought on, still I had observed that there were few diseases in which they did not appear first or last, and I had always found that the disease was diminished or aggravated in proportion to their intensity.

American Journal of the Medical Sciences.

APOPLEXY FROM EXCESSIVE REPLETION OF THE STOMACH.

BY E. GEDDINGS, M.D.

A COLORED woman, aged about 50, somewhat corpulent, and the mother of several children, after a hearty meal of animal food, peas and rice, tumbled down in a state of insensibility, and immediately expired. I was requested by a medical friend, who had been called to see the case, to make a post-mortem examination. As soon as the cranium was opened, a considerable collection of blood was discovered about the base of the brain, much of which was still in a fluid condition. When the organ was removed from its cavity, a large coagulum was found occupying the fissure of sylvius, and extending for some distance into the corpus striatum. There was likewise considerable extravasation within the corresponding lateral ventricle. The arteries of the brain were rigid, much dilated, and studded over with numerous points of ossification. The extravasation had taken place in consequence of a rupture of their tunics.

We next proceeded to examine the stomach ; and here we had fully revealed the source of the mischief inflicted upon the brain. This organ was impacted with peas, rice, hominy, and other articles of the individual's repast, to a degree to which it would scarcely be possible to believe could be borne without extreme suffering, and an extensive embarrassment of the functions of the whole of the associated organs. Its condition was such as to encroach upon the intestines, compress the aorta, and the vessels given off by it in the epigastric region, press upon the plexus of nerves behind the stomach, and finally force up the diaphragm upon the lungs, so as to interrupt their play, and thus embarrass the function of respiration, thereby interrupting the passage of the blood through them, and consequently impeding its return from the head. Being thus confined on the one hand to the vessels of the brain, by these causes, and driven upon it, on the other, by the pressure sustained by the aorta, which prevented the distribution of the usual quantity of blood to the lower part of the body, it is not to be wondered, when the fragile state of the tunics of the cerebral arteries is considered, that they should have been unable to sustain the onus suddenly thrown upon them, and that they gave way under its influence.—*North American Archives.*

CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS there is no disease, if we take into consideration the frequency of its mortality, the extensiveness of its ravages, and its peculiar disposition to fix upon the fairest and most amiable of mankind, which ought to engage the attention and draw forth the energies of the physician to so great a degree as CONSUMPTION ; and should any suggestion be offered to limit its destructiveness, it ought to be received by the *medical public* with some attention, even if it wears the garb of homeliness. The pen of the critic, in such cases, ought to be curbed by the consideration that most of our useful remedies were first recommended by the ignorant quack, or discovered by the unlettered savage. But when we find that *nature* sometimes effects, what science or skill has failed to accomplish, any explanation regarding her method of cure, or attempt to base a treatment on the principles which she follows in similar cases, deserves our serious attention.

A knowledge of the peculiar texture of the lungs ; the activity of their organic, as well as their *functional circulation* ; and the constancy, as well as the extensiveness of their motions, will make it obvious why diseases of the lungs are more difficult to cure than diseases of most other organs—and could we remove or change for a term those obstacles to the treatment, we should at least reduce the mortality from a certainty, to that of a probability. The lungs may be considered as bundles of vessels united loosely together with cellular tissue ; and those acquainted with ulceration on the external parts of the body, know that its progress is generally in proportion to the *laxity* of the part affected—and the benefit arising from bandages, is principally derived from the artificial firmness which they maintain. But as the expansions of the lungs tend to enlarge their cellular structure, it is not surprising that ulceration, once commenced, should so often continue until vitality ceases ; and that although our most sanguine expectations have been flattered by the high recommendations of pretended specifics, yet to this day the efforts of the profession to erase consumption from the long catalogue of the opprobria medicorum, have been unsuccessful.

Rest will be allowed to be one of our best remedial measures, and always indispensable when reunion of a part is to be effected. Who would think of curing laryngitis, if the patient continually spoke or sung ? or inflammation of the stomach, if gluttony was persisted in ? But in these, as well as in almost all internal organic diseases, *nature* endeavors to enable the organ diseased to remain at rest, by suspending for a time its function, or establishing by some other organ a vicarious action. But the lungs have no substitute, neither can their function be suspended even for a few minutes without producing death, as we see in cases of strangulation. However, the lungs are a double organ, each being capable of performing its function independently of the other. This assumption will be supported by the observations of those who frequent dissecting rooms, or by the respectable accounts which reach us through

the different periodicals, and indeed may be often witnessed among the cases that occur in a moderate field of practice.

If the preceding observations and deductions are correct, will we not be justified to suspend the action of a diseased lung, by puncturing the chest, under the following restrictions :—When the disease is confined to one lung ; when *pleuritis* is not present ; when there is still remaining *stamina* sufficient to enable the system to recover.

There is a risk attending the administration of our best remedies, that a new disease may be produced by their operation. This is so generally and necessarily true, that the *practice* of medicine might be defined to be *the art of substituting one disease for another*. Therefore the puncturing of the chest, and the exposure of the pleura to the air, would not be greater than what we frequently feel justified to subject our patients to, in the treatment of many diseases. We should undoubtedly meet with opposition from public prejudices, in employing this remedial measure in time to insure success ; but if once practised successfully, in one or two instances, by those whose reputation is above the reach of public prejudice, it would unquestionably become popular ; and here allow me to remark, that the profession has a right, and ought to expect, that those who are thus situated will use their best endeavors to introduce into practice any plausible principle of treatment, even if it be not suggested by themselves.

Another great difficulty would be to determine when the disease was only confined to one lung ; but if the excellent diagnostic principles of Laennec be studied, and deliberately followed, there would be as few mistakes as generally occur in determining the seats of diseases.

These reflections originated in the writer's mind two years ago ; and have been lately revived by seeing a young girl in perfect health, who was at that time his patient, and the outlines of whose case he will now endeavor to relate.

Miss Olive Tucker, aged about 9 years, was attacked with inflammation of the lungs, during the autumn of 1832. After having been treated by the usual depleting, antimonial and counter-irritating remedies, the acute symptoms subsided, but the cough, with some febrile excitement, continued, for which a great variety of remedies were prescribed ; and although they produced temporary benefit, yet symptoms of confirmed phthisis became established—such as dyspnoea, expectoration of pus, night sweats, a frequent and small pulse, and hectic exacerbations of fever. About four months after these symptoms began to appear, a swelling was noticed near the upper part of the sternum, between the first and second rib, on the left side, which gradually increased, and at the expiration of a month from its first appearance an evident fluctuation was felt. As the swelling increased in size, the breathing became more laborious, so that frequently the child's life was in danger from suffocation. The operation for empyema was frequently recommended, but was opposed by the fears and tenderness of the mother, on account of the temporary relief which was only expected to result from it. But as the danger from suffocation became more urgent, her consent was granted ; and there immediately followed the lancet a stream of pus *mixed with air*. Immediate relief was obtained, and eight days after the operation the dis-

charge ceased, although the *incision remained open* ; and by frequent examinations by *auscultation*, it was found that the lung during inspiration was not inflated. An improvement, however, became perceptible ; and by the use of tonics, and nourishing diet, she soon was enabled to walk about the room.

At this stage of her disease, I left off attending. The parents of the girl inform me that her improvement continued, and that the “*sore*” healed a few weeks after I absented myself. I find that the lung now is as impervious to air as the other, and that she enjoys as good health as she did before the attack of lung fever.

The support which this case affords to the preceding reflections is so obvious, that I consider any further remarks unnecessary ; but will only express a hope, that the foregoing observations and case will tend to remove that apathy which results from the general opinion that consumption is necessarily a fatal disease.

D. McR.

Bangor, Me. January 23, 1835.

MEDICAL REFLECTIONS.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

ON MEDICAL EXPERIENCE.

WHAT is Medical Experience ? This is a question which if properly answered might serve to throw some light on that loose and vague term which is daily so much abused. How often do we hear the expression among the people that *Doctor A.* and *Doctor B.* (who are truly and literally quacks) are “*men of experience* ;” “*that they have been in practice long*, and are, therefore, well qualified in the art of healing !” I am sorry to say that in the profession, some toleration is given to such opinions. There is an impression, vague indeed, on the public mind, that the art of healing is learned, almost exclusively, by each one’s individual experience. This matter, I fear, has not been duly considered, either in or out of the profession. There is no one who attaches more importance to medical experience than I do ; but still I attach great importance to the due understanding of terms. Medical experience is of two kinds ; viz. general or collective experience, and particular or individual experience. The former is the experience of all the great and talented physicians who have gone before us, and of some living ones also ; and which is recorded in the books, and has now become the common property of all physicians who have talents and industry sufficient to enable them to avail themselves of so large a mass of valuable knowledge. The latter is the experience of each individual practitioner. Medicine is a science, the practical and most valuable part of which is made up of a collection of facts ; these facts have been gradually accumulating for some thousands of years, and seem now, in the present rapid state of improvement, to be advancing with a firm step in a geometrical ratio. Our science is like the growth of vegetables and animals, tardy in the germ or first advances, but rapid when approaching that perfection of which they are susceptible. It must still be acknowledged that the

science is imperfect, and forever will be so, in some degree, otherwise man would cease to be mortal. How absurd, how ridiculous is it, then, for a man to set up his individual experience against that of thousands as much favored as himself! The age of one man, if he should reach his three score years and ten, or could it be prolonged to a century, is but a span; and though he may observe many facts, which might be termed *his* experience, yet when compared with his predecessors' of the whole world besides, it is but a drop in the ocean. Still it is boldly asserted that medical knowledge is a gift, or comes by individual experience.

That man who places his hopes on his own experience alone, too vain and arrogant, too presumptuous, (and if I could indulge in the epithet) too lazy to profit by the experience of others, when let loose upon the world to practise physic, is as dangerous as a madman with a drawn sword in the midst of helpless women and children. GAMMA.

January 22, 1835.

ARTIFICIAL MUSK.

BY STEPHEN W. WILLIAMS, M.D. LATE PROFESSOR OF MEDICAL JURISPRUDENCE
IN THE BERKSHIRE MED. INSTITUTION, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is some reason to fear that this valuable medicine will come into disuse from the difficulty of procuring the genuine oil of amber, one of the ingredients of which it is prepared. I have frequently sent for it, of late, to the markets of Boston and New York, but have not been able to procure any from which the article could be prepared.

Professor Hufeland, of Jena, a name well known in the medical world, directed the attention of medical practitioners to the Artificial Musk, as a most valuable remedy in whooping cough, in the year 1798 or 1799. It seems it was invented by the celebrated chemist Marggraf, many years ago, and was highly approved by the great authorities of Van Swieten and Stoeller; but previous to the year 1798 it was not much used by physicians either in Great Britain or the United States. The medicine is cheap in comparison with the genuine musk, and, if the oil of amber and nitric acid are good, the article is easily procured. I have been in the habit of preparing it according to the following approved method, taken from the 1st Volume of the London Medical and Physical Journal, and, until lately, without difficulty.

"Three drachms and a half of concentrated nitric acid are gradually dropped on one drachm of rectified oil of amber, which is previously poured into a glass tumbler, or a very large wineglass. When the mixture is agitated it grows hot, and emits offensive fumes, against the inhalation of which the operator must be on his guard." As the nitric acid of the shops is not generally strong enough, or concentrated, I usually, after mixing the ingredients, set the tumbler on an earthen plate, and place it before a fire upon the hearth, until it becomes hot, continually stirring it with a glass rod; when the mixture becomes hot, the ebullition is instantaneous. The reason for using the plate is for the purpose of

saying what is thrown over the top of the glass. After having stood twenty-four hours, the compound acquires a resinous appearance ; at the bottom of it will be found a fluid of an acid nature, but on the top a yellow resin, resembling musk in its smell. This resin must be repeatedly washed, first in cold, then in hot water, until the acid taste is completely removed. Thus we obtain a substance which is equal in flavor, as well as in its medicinal properties, to the genuine natural musk, which is perfectly soluble in spirits of wine, which, like other resins, can be precipitated by water, and which always retains the scent acquired by this simple chemical process. Two drachms of this resinous extract are dissolved in eight ounces of alcohol, or rectified spirit, which forms the tincture of artificial musk, which is the only preparation of it that I use. Berzelius prepares it by adding, drop by drop, three parts of fuming nitric acid to one of unrectified oil of amber.

According to the experience of Dr. Hufeland, the artificial musk has been found of great service in whooping cough, and in all kinds of nervous diseases. He thinks that the nitric acid might lead us *a priori* to conclude their uncommon efficacy in nervous and spasmodic affections. As this substance is of a waxy consistence, he thinks it most conveniently administered in the form of emulsions. For this purpose from ten to twelve grains are triturated in a mortar with a few almonds, and diluted with five or six ounces of water. Of this mixture, two teaspoonsful are given to a child from one to two years of age, and in a rising proportion to older children. Many patients have received a cure from the use of this remedy, and a few occasional emetics, without the aid of any other medicine. It generally produced a sudorific effect, while it obviously diminished and alleviated the fits of coughing ; and not unfrequently it was attended with eruptions, which, in many instances, assumed the form of the true nettle rash, and by this favorable crisis soon terminated the disease. Dr. O. W. Bartley, of Bradford, England, has been equally successful in the cure of whooping cough by the tincture, ten or a dozen drops of which are given at a dose, to a child eight or ten years of age, every three or four hours. In a case of diabetes mellitus which occurred in an elderly man, its administration was attended with singular advantage, when all other approved remedies had failed. He gave it in doses of twenty-five drops, three times a day.

In my own practice I have used it successfully in whooping cough, in the low stages of fever, in hysteria and convulsions, in all nervous affections, nervous palpitation of the heart, and in the declining stage of all inflammatory diseases. As a tonic stimulant, I administer it in fevers long before I dare adventure upon quinine or any other preparation of bark. Combined with aqua ammonia, compound spirits of lavender, or laudanum, according to circumstances, I have found no medicine equal to it in those cases of sinking faintness which so often attend the decline of life in pulmonary consumption, attended with distressing dyspnoea, and violent palpitation of the heart. In these cases I think it altogether preferable to the carbonate of ammonia, so often resorted to in these affections. In the practice of a judicious physician, cases are continually occurring in which the administration of it might be attended with the most beneficial effects. I might fill a volume with remarks upon cases

in which I have employed it with advantage. In fact, there is scarcely an article of the *Materia Medica* which I so freely, or frequently use, as this. I am happy to see that within a few years it has been introduced into our *Pharmacopœias* and *Dispensatories*. The medium dose is twenty-five drops.

It is particularly for the purpose of inviting the attention of my professional brethren, and especially of druggists, to the subject of the adulteration of the oil of amber, that I make these remarks. The oil of amber which I have hitherto employed, and with which I have been successful in preparing the genuine artificial musk, was of a light straw color, as thick as molasses, and nearly semi-transparent. This, I am aware, is not the highly rectified oil of amber; it may be the unrectified oil of Berzelius, but he should have made a distinction between this and the black, empyreumatic, thick oil, the product of the first distillation, which will not make genuine artificial musk, and is fit only for external application. Neither will the genuine rectified oil of amber, which is colorless, as fluid as alcohol, and of the specific gravity of 0.758, make it, as there is not enough consistence in it.

According to the *Eclectic*, and almost all other *Dispensatories*, "the oil of amber, as procured by the distillation of amber, is of a dark color, a thick consistence, and has a very foetid odor; but by successive distillations it is rendered thinner, of a lighter color, and at length it is obtained nearly limpid." It is the product of the second or third distillation which constitutes the oil proper to be used in the preparation of artificial musk. According to Bache, in the 4th No. of the *Cyclopedia of Practical Medicine*, now publishing in Philadelphia, "rectified oil of amber, when perfectly pure, is colorless, as fluid as alcohol, and of the specific gravity of 0.758. As it usually exists in the shops, however, it has a light yellowish brown color. It has a strong peculiar odor, and a hot acrid taste. It is insoluble in water, soluble to a certain extent in diluted alcohol, and in all cases in anhydrous alcohol. By exposure to light it slowly changes in color and consistence, and becomes at last black and solid. When dissolved in 24 parts of alcohol of 0.83, and the solution mixed with 96 parts of water of ammonia of 0.916, the oil is disengaged, but held in suspension so as to form a milky fluid having a modified odor of ammonia, called *eau de luce*, or *aqua lucis*, sometimes employed as an excitant in fainting." (Berzelius.)

Deerfield, Mass. January 19, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 11, 1835.

WHOLESOME WATER.

BESIDE food, there is no blessing of higher value, so far as our physical well-being is concerned, than wholesome, potable water. In the country, where the fountains are comparatively pure, no adequate conception can

be formed of the immense advantage, in point of health and certainly comfort, which the inhabitants possess over those who are compelled to use the deteriorated, turbid, lifeless water of a city. It actually becomes necessary to suffer, in this case, in order to understand the condition of seventy thousand people, who cannot subsist without this indispensable fluid, but which, from the very nature of things, unless brought from a considerable distance in the interior, even in the very best regulated city in the world, must be exceedingly impure, and therefore injurious to the public health.

Boston is compactly settled—which would seem to be a sufficient reason for introducing water from some place in its environs, if a partial supply only were procured; for it would be humane to make a part comfortable, in this respect, if it were found impossible to supply the whole. It is utterly useless for any one to pretend that the native water of Boston is yielded in sufficient abundance for the entire wants of the inhabitants; and to maintain that the quality is good, would be a positive indication of insanity. It is not only notoriously bad in many parts of the city, but the annual increase of population has a direct tendency to make it worse and worse.

Great, however, as would be the advantages arising from the proposed plan of bringing water to the city, under the auspices of an enlightened Mayor, whose sole ambition seems to be to benefit the people, there is not much hope that the scheme will be accomplished before the expiration of another century. If it devolved on the physicians to declare the expediency or inexpediency of the measure, there is no doubt which way the question would be decided. But those who have a controlling influence in this important business seem to pay very little regard to the opinions of those whose professional acquirements have best qualified them to decide upon what is of consequence to the public health.

Knowing, as we do, from a careful series of observations and experiments, that the water of Boston is at best of an inferior quality, and continually becoming more unwholesome by the wash of streets, and infiltrations from stables, sewers, &c. which no system of cleanliness can ever obviate, we feel a strong desire to discover some energetic movements on the part of this intelligent and enterprising community, in order that, if possible, in our own day the prospect may yet brighten with the expectation of being furnished, in this metropolis of New England, with a simple glass of GOOD WATER.

NEW METHOD OF PREPARING CREOSOTE.

BY M. CALDERINI, APOTHECARY AT MILAN.

THE essential oil obtained by the destructive distillation of wood is to be put into an iron vessel, and exposed to a gentle heat. The vessel is then to be taken from the fire, and slacked and sifted lime to be poured into it little by little, and with continual agitation, until the effervescence ceases, and the mixture becomes a hard mass, which is to be allowed to cool, and then powdered. A cast-iron retort is to be two-thirds filled with this powder, and placed in a reverberatory furnace. A receiver is to be fitted to the retort at the moment when the white vapors which first come over become yellowish. The distilled liquid is to be placed in a filter of paper moistened with water, to permit only the aqueous part to pass, and the oil left is to be washed with pure water which is to be allowed to filter. The

oil thus washed is to be placed in an iron vessel and *aqua potassæ* of sp. gr. 1.125 is to be added in the proportion of three parts to two of the oil. The mixture is then to be boiled for a moment with a gentle heat, after which it is to be taken from the fire, allowed to cool, filtered and mixed with dilute sulphuric acid, till it becomes slightly acid. The mixture is then to be left at rest, and an oily matter will be found floating on the top, which is impure creosote. This is to be collected, washed on a filter, put into a glass retort, placed in a sand-bath, and distilled. The first portion is to be laid aside, and what comes over afterwards of a pale yellow color, when heat is added, is creosote. The distillation is to be stopped when the drops become of a deeper color. If the distilled creosote be not sufficiently pure, it is to be dissolved anew in the *aqua potassæ*, and treated as before, always rejecting the first and last parts that come over on distillation, and this process is to be repeated until it becomes perfectly pure. When the creosote is obtained pure, it is to be kept in well-stopped bottles. It is known to be pure when it is colorless, transparent, of specific gravity 1.037, and possessed of great refrangibility. If a drop be placed in contact with the white of an egg, it is suddenly coagulated. If it be dissolved in a small quantity of *aqua potassæ*, the solution, when heated in contact with the air, does not assume a brown color, as happens when the creosote is impure, but becomes slightly reddish.

Edin. Med. and Surg. Journ.—U. S. Med. and Surg. Journal.

Ligature of the Internal Iliac Artery.—It gives us pleasure to say that this difficult and rare operation has within a short time been performed by Professor Mott, of New York, for a gluteal aneurism. The patient has thus far done well, and twenty-six days have now elapsed since the date of the operation. This vessel, as is known to our readers, has been five times before included in a ligature; successfully by Dr. Stevens of Santa Cruz, by a surgeon in the Russian army, and by Dr. S. P. White of New York: unsuccessfully by a Mr. Atkinson, of York, England, and by Mr. Thompson of Barbadoes. Dr. Mott's case is thus the sixth on record; and we hope to be enabled to lay the details of it before the profession, in a future number.—*Ibid.*

Absence of the External Ear.—A remarkable case of the absence of the external ear, and obliteration of the meatus auditorius, without injuring the sense of hearing, has lately been noticed in Germany, in a boy aged eighteen months. Instead of the right ear, there are three cutaneous protuberances, which do not contain any cartilaginous substance, and on the left side one of a similar nature is found. The external meatus is either entirely wanting, or at least quite closed by the common skin. It is doubtful whether the child hears by means of the eustachian tube, or by the cutis performing the functions of the membrana tympani.

Graefe and Walther's Chirurg. Journal.—Ibid.

Climate of England.—The mortality of great Britain, its cities and its hospitals, is greatly inferior to that of any other country in Europe; it is also incontestable that "Great Britain is the most healthy country with which we are acquainted," and that it has been gradually tending to that point for the last fifty years. This superior value of life in Great Britain

is not confined to any particular districts or classes of individuals. To whatever point we turn our view, the advantage is still the same ; the man of affluence, the pauper-patient of the hospital, the sailor and the soldier on active service, the prisoner of war, the inmate of a jail, all enjoy a better tenure of existence from this country than from any other of which we have been able to consult the records. It has been long the fashion, both abroad and at home, to exhaust every variety of reproach on the climate of our country, and particularly on the atmosphere of London ; and yet we shall find that the most famed spots in Europe, the places which have been long selected as the resort of invalids, and the fountains of health, are far more fatal to life than even this great metropolis. The annual report of deaths at Montpelier was greater thirty years ago, and is greater at present, than in London.

Dr. Hawkins's Elements of Medical Statistics.

Ravages of the Smallpox in Mexico.—Humboldt gives some interesting details of the epidemics of Mexico. The smallpox was introduced in 1520, and seems to exert its power at periods of 17 or 18 years. It appears the discovery of Dr. Jenner had long been known to the country people among the Andes of Peru. The vaccine method was introduced in various parts of Mexico and South America at the commencement of the present century. A negro slave, who had been inoculated for the smallpox, showed no symptom of the disease, and when the practitioners were about to repeat the operation, told them he was certain he should never take it ; for when milking cows in the mountains, he had been affected with cutaneous eruptions, caused, as the herdsmen said, by the contact of pustules sometimes found in the udders.

In 1763 and 1779 the smallpox committed dreadful ravages, having carried off during the latter year more than 9000 persons in the capital alone. In 1797 it was less destructive, in consequence of the increase of inoculation.

Teaching the Dumb to Speak.—A paragraph has been going the rounds of the newspapers, announcing as an astonishing novelty, that the Abbe Janet, of Normandy, “has succeeded in teaching a person to speak who has been deaf from his nativity.” The novelty is now of 350 years standing. Pedro Ponce instructed four deaf mutes in Spain to write and speak in 1570, and John Bonet published the method in 1620. In 1659, Drs. Holder and Wallace succeeded in the same difficult task in England ; and it has ever since been a regular branch of instruction in that country. The tones of the voice in such persons have always been “singular,” and generally “unpleasant.”—*Annals of Education.*

New Medical Work.—Messrs. Carey, Lea & Blanchard, of Philadelphia, have just published “A Treatise on the Influence of Air and locality ; Change of Air and Climate ; Seasons ; Food ; Clothing ; Bathing ; Exercise ; Sleep ; Corporeal and Intellectual Pursuits, &c. &c. on Human Health ; constituting Elements of Hygiene. By Robley Dunglison, M.D. Professor of Materia Medica, Therapeutics, Medical Jurisprudence and Hygiene in the University of Maryland.”

North American Archives of Medical and Surgical Science.

Record of Meteorological Observations for January, 1835.

1835	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
January	Min.	Max.	Mean	Min.	Max.	Mean				
Thur. 1	16.00	17.50	13.75	29.80	30.00	29.900	Fair	NW		
Frid. 2	12.00	25.00	18.50	29.85	30.00	29.925	Cir. c. strat.	W	.50	Snow last n. & this m. Ther. -2° at 9h 30' a.
Satur. 3	5.00	8.50	5.75	30.08	30.30	30.190	Fair	NW		Th. -1° at 9h a. Harbor [closed
Sun. 4	-8.00	7.00	-0.50	30.33	30.35	30.340	"	"		
Mon. 5	-5.00	18.00	6.50	30.18	30.30	30.240	"	W		
Tues. 6	9.50	4.00	4.75	30.20	30.20	30.200	Cir. c. strat.	N E	.30	S n. m. NW & cu' a. [Th. 0 at 7h a.
Wed. 7	-4.00	9.00	2.50	30.15	30.20	30.175	Fair	NW		
Thur. 8	2.50	22.50	12.50	30.15	30.15	30.150	"	"		
Frid. 9	7.50	22.00	14.75	30.20	30.30	30.250	"	N		
Satur. 10	8.00	28.00	18.00	30.30	30.32	30.310	"	NW		
Sun. 11	17.00	32.00	24.50	30.22	30.30	30.260	"	"		
Mon. 12	15.00	37.00	26.00	30.05	30.20	30.125	Cirrus	S		
Tues. 13	19.00	43.00	31.00	29.94	30.00	29.970	Cirro stratus	S W		
Wed. 14	26.00	37.50	31.75	29.60	29.94	29.770	Cir. c. strat.	S E	.28	Rain
Thur. 15	33.00	45.00	39.00	29.75	29.88	29.815	Cirrus	E		
Frid. 16	32.00	44.00	38.00	29.40	29.60	29.500	Cir. c. strat.	S W	.40	Rain and hail last night Harbor open
Satur. 17	34.00	40.50	37.25	29.75	29.96	29.855	Cumulus	NW		Stratus, m.
Sun. 18	28.00	35.00	31.50	29.96	30.02	29.990	Cirrus	W		
Mon. 19	18.00	33.00	25.50	30.02	30.08	30.050	"	S		
Tues. 20	22.00	39.00	30.50	29.82	29.95	29.885	Cumulus	NW	.01	Snow and cirro c. stra.
Wed. 21	21.00	34.50	27.75	29.60	29.98	29.790	Cir. c. strat.	S E	.32	Slight sn. m. Rain [during the night
Thur. 22	31.00	40.00	35.50	29.20	29.60	29.400	Cumulus	NW		
Frid. 23	28.00	46.00	37.00	29.60	30.00	29.800	"	"		
Satur. 24	27.50	31.50	28.25	30.12	30.40	30.260	Cumuli	"		Ther. 25° at 9h 30' a.
Sun. 25	25.00	33.50	32.50	29.95	30.40	30.175	Cir. c. strat.	S E	.60	Th. 40° at 9h a. R. at n't
Mon. 26	44.00	52.00	45.00	29.58	29.70	29.640	Stratus	S W	.10	Th. 38° at 9h a. R. at n't
Tues. 27	35.50	47.00	41.25	29.60	29.85	29.725	Cumuli	W		Stratus, m.
Wed. 28	31.50	38.00	34.75	29.60	29.80	29.700	Stratus	NW	.20	○ Rain and SW m.
Thur. 29	31.00	38.00	34.50	30.10	30.26	30.180	Cirri	"		[56° during night
Frid. 30	29.00	35.00	32.00	29.75	30.25	30.000	Cir. c. strat.	S E	.40	Rain, & at n't SW. Th.
Satur. 31	48.00	52.00	52.00	29.15	29.32	29.235	Cumulus	S W	.50	Vim. r'n, hail, c.c.s. m.
Aggreg.	29.09	32.09	26.225	29.87	30.05	29.9614	Fair	NW	3.61	

Result.—Mean temperature, 26.225. Maximum, 31st, wind SW, 52.00. Minimum, 4th, wind NW, -8.00. Greatest daily variation, 13th, wind SW, 24.00. Least daily variation, 3d, wind NW, 3.50. Range of thermometer for the month, 60.00. Decrease of mean temperature from December, 1.484. Prevailing atmosphere, Fair.—Mean atmospheric pressure, 29.9614. Maximum, 24th, wind NW, 30.40. Minimum, 31st, wind SW, 29.15. Greatest daily variation, 30th, wind SE, 0.50. Least daily variation, 6th and 8th, wind NE and NW, 0.00. Range of barometer, 1.25. Decrease of atmospheric pressure from December, 00.0010. Prevailing wind, NW. Rain, &c. 3.61 inches.

Comparative with January, 1834.—Mean temperature, 24.516. Maximum, 52.50. Minimum, 2.00. Rain, 1.10 inches. Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, NW.

Fort Independence, Boston, February 1, 1835.

B.

Vaccination in Burmah.—Dr. Fansher, well known in this country for his untiring efforts to disseminate the blessings of vaccination, is now making preparations to extend his philanthropic operations into the Burman empire. He has been excited to this very benevolent work, in consequence of hearing of the extensive ravages, made by the smallpox, in that unhappy country, the last season.

Institution for the Blind.—The number of pupils now in the Boston asylum is 42, of whom 23 are charity scholars. They are instructed in vocal and instrumental music, spelling, reading, writing, mathematics, &c., and some are occupied a part of the time in the manufacture of useful articles, such as mattresses, mats and baskets.

Medical Convention of Ohio.—Several physicians of the State, upwards of seventy in number, met in Convention at Columbus, on the 5th Jan. Many subjects of general interest and benevolence were acted upon. Much good feeling and harmony prevailed—and after a session of three days the Convention adjourned, to meet at the same place, on the first day of January, 1838.—*Western Medical Gazette.*

A new Nostrum.—A new article, calculated, by its puffed virtues, to be liberally purchased, called the *Specific Extract for Gonorrhœa*, is beginning to be manufactured in great abundance abroad, and may be shortly expected this side of the Atlantic, the best market on earth for quack medicines. It consists of nothing but *balsam of copaiba*, *opium* and molasses, boiled down to a fluid extract consistence, and perfumed with some finely-flavored essential oil.

Infantile Development.—In Palermo there is a child, three years old, 4 1-2 feet (French measure) in height, well formed and vigorous. Discoveries of great interest in pathology are intimated to have been made through its means, by the physicians of that city.

Copland's Medical Dictionary.—We perceive by the late English journals, that Part III. of this work is just published in London, and that the remainder of the Dictionary may soon be expected. We are informed that the numerous subscribers in this country will be furnished with the remaining Parts with all reasonable despatch, after their arrival.

THE commencement of a new series of the Journal, proposed in August last, it has been thought advisable to defer for the present. The Title-page and Index to Vol. XI. will be sent to subscribers in the next or the succeeding number.

DIED.—At Torrington, Ct. Samuel Woodward, M.D. 84.—At Charleston, S. C. Dr. Edmund Thomas Waring, 56.—At St. Louis, Mo. Dr. John M. Thomas, U. S. A., late of the city of Washington.—At Rodney, Mi. Dr. N. L. Bouldin, 43, formerly of Delaware.—At Lancashire, Eng. Rowland Detreiser, an eminent lecturer, who directed his remains to be devoted to purposes of science.

Whole number of deaths in Boston for the week ending Feb. 7, 32. Males, 17—Females, 15.

Of consumption, 4—fits, 4—inflammation of the lungs, 1—lung fever, 6—old age, 2—scrofula, 1—infantile, 2—dropsy, 1—inflammation of the bowels, 1—accidental, 1—liver complaint, 1—croup, 1—intemperance, 3—pleurisy, 1—scarlet fever, 1—dysentery, 1—erysipelas, 1.

ADVERTISEMENTS.

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Boston, February 4, 1835.

epff.

ADVERTISEMENT.

TRACTS ON Vitality, just published by the subscriber. These tracts are designed to give highly useful instruction to two descriptions of persons: 1. To those who are fond of Physiology and Phrenology; 2. To those who may be liable to be duped by buying Mr. Morison's *Hygienic Pills*! One dollar sent by mail (post paid) will buy two of these pamphlets, and likewise two of the "Pilgrim's Progress in Phrenology."

ELISHA NORTH, M.D. of New London (Conn.).

February 11, 1835.

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BROWN & PEIRCE, No. 87 Washington Street, up stairs (at sign of Books and Apparatus), are constantly manufacturing and keep for sale, PHILOSOPHICAL APPARATUS, in all its varieties, embracing Astronomical, Pneumatic, Hydrostatic, Optical, Electrical, Chemical, Mechanics, &c. &c. Warranted of the best materials and superior workmanship. The importance of illustrations, in studying the sciences, is conceded by professional gentlemen at the present day.

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Boston, January, 1835.

(Jan. 6—16.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, FEBRUARY 18, 1835.

[NO. 2.]

THESES AT THE PARISIAN CONCOURS.

[See page 399, Vol. XI.]

THESIS OF M. SANSON.

ON THE ADVANTAGES AND DISADVANTAGES OF IMMEDIATE UNION OF WOUNDS.
Pp. 113.

THIS subject broaches a point which is greatly in dispute between the French and English surgeons. The favor with which Hunter's doctrine is received and followed up in England, constitutes the chief difference of practice between the surgeons of both nations. Let us therefore hasten to see in what point of view it is regarded by one of the best practitioners in the French capital.

M. Sanson commences by a definition of immediate union, which he calls "the operation by which the surgeon places in contact the opposite points of a wound, to determine adhesion without suppuration, or with the least suppuration possible," and then proceeds to expose the phenomena accompanying wounds without suppuration, and compare them with the accidents of suppurating wounds, in order to determine the relative advantages, &c.

Chaps. I. II. & III.—The first and second chapters contain a good description of the local and general phenomena exhibited by wounds which unite without suppurating. The third enumerates the conditions favorable to union by the first intention, which are,

1st. The existence of life in the two surfaces, and a free circulation.

2nd. The wound must be recent ; the shorter time it has been exposed to the air, the more apt it is to heal without suppuration.

3rd. The wound must be exempt from contusion. However, says the author, very justly, the action of a contusing body, though even violently applied, does not always render union by the first intention impossible. Amongst the wounded of July 1830, M. Sanson treated a young man who had the middle of the thigh traversed near its centre by a ball ; there was no eschar ; the wound united in a few days by the first intention, and the two orifices alone suppurated. Hunter and Larrey have seen several similar cases.

4th. Foreign bodies in the wound are an obstacle.

5th. The conditions of age influence the facility of union or non-union ; it is more easy the younger the individual is.

6th. Conditions of season and climate ; witness the brilliant success obtained in Egypt by Baron Larrey and by Clot Bey.

7th. Finally, a most important condition is, that the surfaces of the wound be retained in *immediate* contact, during the whole time necessary for the organization of the coagulable lymph.

Means for favoring union by the first intention :—1st. Situation of the parts ; 2nd. Agglutinatives ; 3rd. Bandages ; 4th. Suture. An examination of the cases in which suture is applicable. Surgeons generally agree to reject the suture from the treatment of wounds of the limbs ; however, Delpech has lately employed them after the great operations, without the inconveniences generally attributed to them.

Chap. IV.—General means proper to assure the success of immediate union. It is not enough to place the surfaces in contact ; the surgeon must endeavor to remove all complications which may disturb the process of union. These most commonly are,—pain, excess or absence of inflammation, general debility, derangement of the primæ viæ.

Chap. V.—*Local Phenomena of Suppurating Wounds.*—Three main circumstances may vary the march of a suppurating wound, without changing the essential phenomena. These are, 1st, A considerable separation of the edges of a simple wound, abandoned to itself ; 2nd. An extensive loss of substance ; 3rd. Contusion or disorganization of various tissues.

Here follows a full description of the phenomena observed in these three cases. The change of aspect in the wound ; the formation of a thin fine membrane at the bottom, which soon becomes the pyogenic membrane ; the formation of small fleshy vascular masses called granulations ; the contraction of the wound, depending on the remarkable retractile property of the granulations ; cicatrization ; and the union of the divided tissues by a thin layer of a fibro-cellular matter, the “tissue inodulaire” of Delpech. So much for the first case. In the second, the process is slower, and varies according to the different tissues ; in the third, the elimination of the disorganized parts must take place, before any attempt at healing goes on.

Chap. VI.—*General Phenomena of Suppurating Wounds.*—1. Development of the traumatic fever, or during a later period the patient is exposed to accidents of a dreadful nature, which have been attributed in turns to phlebitis or purulent absorption. 2. Action of the wound on the brain or general economy, wasting the force of the patient, occasioning hectic fever, &c.

Resumé.—From the preceding observations it follows, that when a wound is healed by the first intention, we obtain the following advantages : 1. The solution of continuity is reduced at once to the smallest limits. 2. The united parts are withdrawn from the action of the air, &c. 3. Little local inflammation, pain, &c. 4. The treatment, of short duration, is not likely to derange the health of the patient. 5. After a cure the cicatrix is linear, and does not impede the action of subjacent muscles.—In suppurating wounds we have as disadvantages,—1. The long exposure of the wound to the air, &c. giving rise to pain, irritation, &c. and, as a consequence, severe traumatic fever. 2. The danger of its reaction on the head or principal viscera ; however, says M. Sanson, in the greater part of cases, we have merely the constitutional fever. 3. Finally, the accidents of too great suppuration, and the length of the disease. As to the dangers of *phlebitis*, he proposes to speak of it presently, noticing, however, that the accident most frequently occurs after amputations, and in cases of wounds combined with fracture. Besides these

inconveniences, there is the danger of hospital gangrene coming on, and the extent of the cicatrix.

Here are decided advantages of union by the first intention, considered generally. But to decide the question of the thesis with any accuracy, it is necessary to establish some division of wounds, and consider union in each; the author, therefore, distinguishes, 1st, wounds properly so called; 2nd, wounds made by the surgeon, excepting amputations; 3rd, amputations.

Chap. VII.—Union considered in Wounds, properly so called. Historic view.—Union by the first intention employed by Hippocrates, Celsus, &c. afterwards abandoned; the origin of a mixed method, which consisted in uniting a great part of deep wounds, and maintaining the other part open by means of a tent, which might favor the discharge of the fluids, and avoid the inconveniences arising from their stagnation.

It is now generally admitted, that union by the first intention should be tried,

1. For all wounds produced by cutting instruments, whenever the edges can be brought together, and the wound does not contain a foreign body, &c. The lesion of a considerable artery is no obstacle, for the tract of the thread alone may suppurate.

2. For contused wounds. When the contusion is feeble, or not violent, it affects only the superficial parts.

A contusion, though it might be judged enormous from the cause producing it, does not always contra-indicate immediate union; and here the author draws a practical distinction of value. Bodies projected by powder, do not always produce wounds which represent the form and size of the projectile; they sometimes give rise to extensive lacerations, radiating from the wound itself. Here immediate union may be tried. The author has seen M. Larrey, in cases where one or even both jaws have been carried away, and where all the soft parts of the face were horribly lacerated, succeed in reducing the wound to a simple one, by cutting away the edges and angular projections, &c.

3. Wounds arising from divulsion. When a portion of the body has been suddenly torn away, the only way to diminish the extent of the wound is to apply at once all the parts that can be brought together.

Immediate union should not be tried,

1. In poisoned wounds.

2. In incised wounds, if they are so irregular, &c. that the opposite surfaces cannot be brought together without leaving intervals, unless the intervals be so placed that any fluid collected may be evacuated by a counter-opening.

3. Where there is a foreign body in the wound or effused blood, &c. which cannot be completely removed.

4. In cases of injury to a duct, where union would produce effusion.

5. In cases where it would require great force to bring the edges of the wound together.

6. Gunshot-wounds (as a general rule) and contused wounds.—Having thus established the indications and counter-indications of immediate union, M. Sanson describes the rules of dressing. In all cases, he advises to wait until the flow of blood be completely arrested before the wound is

closed ; he also cuts off one end of the ligature ; where the wound is extensive and the ligatures numerous, he assembles them in different bundles to be brought out at the corresponding angles. In order to moderate the inflammation, M. Sanson praises much the application of cold water for three or four days, so as to keep up a constant low temperature, joined to humidity.

These generalities laid down, the author examined wounds in the different regions of the body.

Wounds of the Integuments of the Skull.—Simple incised wounds to be united at once, and covered with a compress dipped in cold water. When the wound presents a flap, the base of which is downward, the point generally retracts and leaves some part of the bone denuded. Here the suture should be employed. Petit recommended making a counter-overture at the base of the flap to prevent the accumulation of pus, &c. ; but M. Sanson does not think that necessary. But these wounds are often attended with dangerous complications, as intolerable pain from incomplete division of the nerves, inflammation extending under the aponeurosis, and terminating in suppuration, denudation of the skull, meningitis, &c. The development of these accidents may, in many cases, be prevented by leeches, applied behind the ears for several days, and sinapisms to the lower extremities, with laxatives or diluents to the intestinal canal ; but if in spite of these means inflammation declares itself, we should not hesitate to remove all the means employed for union, and to divide the tissues down to the very bone.

Wounds of the Face and Neck—penetrating Wounds of the Chest.—When these are accompanied by effusion of blood into the chest, surgeons are divided on the treatment. Paré advised keeping the wound open, to prevent the accident of suffocation, &c. ; others, amongst whom is one of the judges, act diametrically opposite, and close the wound in order to stop the hemorrhage. M. Sanson does not attempt to resolve this question, or give a decided opinion.

Penetrating Wounds of the Abdomen are to be united immediately whenever the viscera are free, easily reduced, and preserve their integrity.

Wounds of the Limbs.—Under favorable conditions, all these wounds should be united by the first intention. Larrey has proved that incised wounds penetrating into joints, and even injuring the bone, may be cured by immediate union. He divides at first, to discharge any blood effused into the cavity of the joint, removes any portion of bone or cartilage injured, and then fixes the limb immoveably. In this way he cured, at Cairo, a wound of the shoulder-joint. There was no suppuration, and the limb preserved its motions. A more important question is to decide whether or not we ought to try immediate union in wounds complicated with fracture, and surgeons are much divided in opinion upon this point. The numerous cases of unsucccess where union has been tried, induce many to prefer amputation. However, there are certainly cases of exception : thus, whenever the fracture and wound are free from contusion, or when the fracture is indirect, and the wound is produced by the fragments being driven outwards, it is easy to reduce the injury to the conditions of a simple fracture. M. Sanson has treated several cases of com-

pound fracture of this kind successfully, by closing the wound and employing cold to prevent inflammation. In all other cases it is generally admitted that amputation is required; however, the remarkable results obtained by the immoveable apparatus of M. Larrey, again render the question undecided, and new facts are required.

PART II.

On the Immediate Union of Wounds resulting from Surgical Operations, except Amputations.—Immediate union is applicable to a vast number of surgical operations, which the author examines, but which we cannot even enumerate here. The cases to which it is not applicable are, according to M. Sanson,

1. When the operation has been performed to evacuate a fluid, or where a natural duct is obliterated, as after trepanning for effusion, bronchotomy, &c.
2. When it is right to obtain cicatrization from the deep towards the superficial parts, as in fistulæ in ano.
3. When a foreign body is not extracted by the first incision made, but it is necessary to operate a second time.
4. When it is probable that suppuration is inevitable.
5. When a duct is opened and the effusion of its fluid is inevitable.
6. When we wish to destroy adhesions, bridges, &c.
7. When it is necessary to re-establish a duct or an obliterated orifice.

PART III.

On the Advantages and Disadvantages of Immediate Union after Amputations.

From the preceding brief sketch of the opinions detailed by M. Sanson in the thesis before us, it will be seen that the practice of French surgeons, with respect to the union of wounds, &c. differs very little from that followed in England. In the treatment of amputations, however, the difference is much more marked, and if success be taken as a criterion of the two methods, the superiority undoubtedly rests with English practice. We have no means of obtaining the results of amputations performed at the London hospitals; but we may say, without fear, that the mortality, on an average, has never amounted to one-third of those operated upon—the result of the practice of two of the most celebrated surgeons in France, MM. Dupuytren and Roux.

The honor of applying immediate union after amputations belongs, says M. Sanson, to Lowdham; the process was improved by Cheselden in England, and by Petit and Louis in France, who gave a better form to the stumps; it soon became the favorite practice in England, and also in Germany, where it was vigorously advocated by Langenbeck and Graefe. In Italy the partisans and opponents were nearly equally divided. In France it was adopted by Desault, and practised by Baron Percy, who, after the affair of Neubourg, obtained wonderful success by this method (ninety-two amputations, eighty-six cures). At the present day, in France, it is recommended by Professors Dubois and Richerand, and Maunoir of Geneva; while Pelletan, Boyer, and Larrey, reject it; MM. Dupuytren and Roux employ it only in a few particular cases.

To what are we to attribute such a difference of opinions? Is the question to be resolved by the results?

In a thesis of M. Avery, 353 cases of amputation are collected from the practice of Alanson, Freer, Kenedy, Lucas, Percy, Lawrence, Maunoir, Dubois, and Hammick; the number of deaths were eighteen, or nearly one-twentieth. Again, in ninety-five amputations, thirty-eight treated by immediate union by M. Roux and Dupuytren (who lost one-third), and fifty-seven treated in the same manner after the siege of Antwerp (one-sixth lost), the average of deaths was about one-fifth; and if we examine the practice of Alanson, Lawrence, Percy, &c. we find that some did not lose a single patient in thirty-six operations, while others lost one-ninth, one-tenth, one-fourteenth, &c.

If we add the cases of Roux, Dupuytren, and Larrey, to those quoted above, we have 448 operations and thirty-eight deaths, or one-twelfth.

Such are the statistical details given by M. Sanson, but from which he draws no conclusion whatever; he seems to us, however, to have neglected a most important element of comparison—viz. the statistical results of amputations treated by the second intention, which he could easily have had from the Hôtel Dieu, La Charité, La Pitié, &c. If we mistake not, M. Dupuytren, who treats his patients by a mixed method, loses one-fourth, a proportion very much more unfavorable than one-twelfth.

We now arrive at the termination of the thesis, in which the author gives a resumé of the advantages and disadvantages of immediate union after amputation.

The advantages have already been noticed under the head of wounds in general; it is unnecessary to recur to them. The inconveniences evinced by the opponents are:—

1st. *Hæmorrhage*.—Pellatan has much insisted on the danger of bleeding, which he says is more frequent after union by the first intention. M. Sanson regards this objection as of little value. Now-a-days the ligature is so perfected, that any danger from its relaxation, or premature division of the vessel, is slight. Besides, the inferior angle of the wound may be left open, so as to give exit to any fluid.

2nd. *Purulent Collections*.—This also is an objection of Pellatan, which the author shows to be unfounded.

3rd. *The sudden Suppression of a Long-standing Suppuration*.—This is not applicable to amputations practised for recent injuries, &c. Where the suppuration is of such a kind as to improve the general health (and this may happen), it should not be suddenly suppressed.

4th. *Phlebitis*.—This M. Sanson regards as the most important point of the question: viz. to determine whether immediate union is more favorable to the development of phlebitis than the method of allowing the wound to suppurate, because the greater number by far of patients who die after amputations in the hospitals, are carried off by phlebitis. This accident may occur after any kind of dressing, but it remains to see if one species may not favor it more than another. Two circumstances seem more particularly to predispose to phlebitis: viz. suppuration, and the stagnation of purulent matter. Now from the nature of an amputation, &c. in some suppuration at least is inevitable, and it is also a

necessary consequence that the pus stagnates more or less ; the skin has always a greater tendency to unite than the deeper parts, the pus is retained, alters in quality, and is absorbed ; hence with all its advantages, immediate union has the great disadvantage of placing the wound in circumstances most favorable to the development of phlebitis. On this account many French surgeons place a slip of lint all along the lips of the wound, and endeavor to heal the deep-seated parts first. This *mixed method*, which M. Sanson regards as the most rational in the present state of surgery, is that employed by Boyer, Larrey, Roux, Dupuytren, &c. We cannot hope to obtain by it the rapid cures which sometimes result from the method of primary union: but these rapid cures are rare ; the greater part of the cases require three weeks or a month, and the mixed method demands very little more time.

Such is a brief analysis of M. Sanson's opinions on union by the first intention. We have not now time to discuss them, but leave our readers to judge whether, as he asserts, immediate union exposes more to phlebitis, than union by suppuration. The doctrine laid down in the conclusion of the Thesis seems to be universally admitted in France, for not one of the argumentators objected to the fundamental proposition by which immediate union of the whole stump after amputation is rejected. The French surgeons, then, endeavor to heal by the first intention the bottom of the wounds, while they force the surface to suppurate.

ON THE THERAPEUTIC USES OF IODINE AND CHLORINE.

TRANSLATED BY W. C. ROBERTS, M.D. OF NEW YORK.

WE had intended to have considered the iodurets and hydriodates in this paper, but we find that as yet little can be said about their therapeutic uses. Most of the iodurets, or iodides, are soluble in water, and pass into the state of hydriodates upon contact with it ; they cannot therefore be distinguished from the latter, for medical purposes, when exhibited in that vehicle. The iodurets of antimony, of arsenic, of lime, of iron, of mercury, of potassium, and of sulphur ; and the hydriodates of ammonia, baryta, and soda, merit most attention ; and of such as have been used in medicine, we shall take a brief survey.

The hydriodate of ammonia has been used in England under the form of ointment, for the removal of glandular tumors. The ioduret of lime has been employed in the treatment of cutaneous affections, also in the form of ointment ; and it has been thought by Bréra to offer peculiar advantages in the treatment of scrofula. It seems worthy of further notice. The ioduret of iron has been commended, in the form of pill, as a remedy for leucorrhœa and amenorrhœa ; and its aqueous solution (the hydriodate) is given in ten drop doses, progressively increased, morning and evening, as a tonic in scrofula. This substance has, we observe, recently attracted the notice of Dr. A. Todd Thompson, who has just published an 8vo. on its preparation and medicinal employment.

The hydriodate of potassa (or an aqueous solution of the ioduret of potassium) is familiar to the profession. Abroad it is used of the strength

of thirty-six grains to the ounce of water, and is given by drops, like the tincture of iodine. Among us it is used chiefly as an ointment, mixed with lard, and is rubbed in upon glandular enlargements, in conjunction with the use of iodine internally. The hydriodate of potassa, like the other alkaline hydriodates, is susceptible of combination with a greater quantity of iodine. The preparation ultimately approved of by M. Coindet, contains 36 grains of the ioduret of potassium, and ten grains of iodine to the ounce of distilled water. Its greater activity requires that it be administered with greater reserve. In the ioduretted mineral water of Mons. Lugol, we have Di. of iodine and Dii. of the hydriodate of potassa to the ounce of aq. distill. Mons. Gendrin employs an ointment which contains 32 parts of axungia, 4 of the hyd. potassæ, and 1 of iodine; and that which is used by M. Lugol, to rub upon glandular tumors, contains a double quantity of iodine and of the salt. The hydriodate of soda, though its virtues would appear to be the same, is but little used. The ioduret of sulphur is the preparation so much used in cutaneous diseases, by Mons. Biett, at the Hop. St. Louis. He combines it with twenty times its weight of lard, or simple ointment.

The iodurets of mercury are two; they are insoluble in water. They are given in the form of tincture (in doses of five to twenty drops in distilled water); of pill and of ointment. In venereal affections, particularly when connected with a scrofulous diathesis, these iodurets have been advantageously tried. Coindet first pointed out their value, in his third paper; and M. Biett employs the prot. ioduret in syphilitic affections of the skin. An ointment of an ounce of lard, six grains of the prot. ioduret of mercury, and eight of the acet. morphiæ, has been commended as useful in congestion of the uterus and scirrhus of the mamma. Pinel considers them to be absorbed with peculiar rapidity, and very efficacious in darts affections. With these observations, we quit the subject of iodine and its preparations.

Chlorine.—This gas, which has been only of late admitted to the rank of a simple body, exists abundantly in nature. It is soluble in water, with which it forms the aqua chlorata, or hydrochlorine. The taste of the liquid is astringent and disagreeable, and in smell, in color, and in most of its properties, it resembles the gas itself. It must be very pure to avoid the risk of accidents, and be sedulously kept from all contact with the light. When sufficiently diluted, it has been employed therapeutically in various ways.

In syncope, in cases wherein ammonia is inefficient, the liquid chlorine has been found by Nysten to be valuable; and the experiments of Siméon upon dogs which had been poisoned by hydrocyanic acid, and were recovered by the inspiration of chlorine, are very remarkable. During the epidemics of typhus, which everywhere marked the progress of the allied armies in 1813 and 1814, liquid chlorine was often internally administered. In Germany, Doctors Braun, Schueller and Wolff, and Prof. Dzondi, give their testimony to its efficacy in this disease. Kapp, in putrid dysentery; Rossi, as a stimulant in asthenia; Luiscius, of Holland, in malignant catarrhal fever; Brathwaite, in scarlatina and angina maligna, of which he considers it the specific remedy; all commend its internal exhibition. Dr. Braun, of Coethen, tells us that an experience of ten

years in scarlet fever has taught him that it prevents its contagion, and conquers its putrid tendency. He gives the pure water of chlorine (aqua oxymuriatica, vel chlorata) every two or three hours, in spoonfuls ; giving to children in all two ounces, and in adults four or five. It has been particularly experimented with as a remedy for rabies. Brugnatelli, in 1816, relates, in his journal of physics and chemistry, many facts in favor of the preservative action of this article, employed as a lotion to the wounds, and in the form of pill, made with crumbs of bread, internally given ; $\mathfrak{D}\text{ij}$. to children, to adults $\mathfrak{Z}\text{ij}$. four or five times a-day. It is true, that in opposition to this favorable evidence, there exist many counter statements ; but, by Arragoni and other Italian physicians, its efficacy is still boasted, and the case of the student in pharmacy, by M. Chevallier ; the new experiments of Previsali, at Paris ; and the very numerous cases related by Schoenberg and Semmola, of Naples (Bull. des Scien. Med. de Ferussac, 1828), who gave $\mathfrak{Z}\text{ij}$. to $\mathfrak{Z}\text{i}$. of dilut. aq. chlor. three times a-day, with unfailing success, tend to awaken a hope in our bosoms that a remedy, or at least a preventive, for this hitherto intractable malady may yet be found. In dartrous affections, in scabies and in pernio, we are told by Kapp, Deimann, Cluzer, and Chevallier, that the hydrochlorine has been used with success ; and we find, in the Pharmacopée Universelle, the formula for an antipsoric ointment composed of $\mathfrak{Z}\text{i}$. chlorine to $\mathfrak{Z}\text{i}$. of axunge. The external use of chlorine, in scirrhus, goes back as far as 1787. We have the testimony of Fourcroy and Hallé, that it lessens the fœtor, renders the discharges less serous, and gives a better aspect to the sore. Brathwaite, Rollo and Brachet, have since been not less successful. Baths impregnated with chlorine have been administered in England, by Wallace, in icterus, biliary calculus and ascites, resulting from hepatic disease. The bath effects a general pruritus and much sweating ; its temperature is 32° Reaum., and the patient is immersed in it for twenty minutes.

The employment of inhalations of the pure gas, or of aqueous solutions of chlorine, in pneumonic diseases, however much its irritating qualities might *a priori* be supposed to be hurtful, has been attended with very gratifying results. Hallé, and more lately, Gannal, Bourgeois, Cottereau, and others, have experimented on this subject, from having observed the immunity of bleachers from consumptive maladies. Numerous cases of phthisis, and, in some instances, very remarkable ones, treated in this way, were collected in 1828, by M. Gannal, and read by him to the Academy of Sciences. All his patients derived relief from the inhalation, and experienced a peculiar feeling of comfort. Respiration became less oppressed, the sputa less abundant ; and there occurred no heat in the thorax, no fever, no hæmoptysis, as might have been feared. The cough, in some instances where the dose was not well graduated, was augmented for a while ; but it soon was allayed. Some of his patients, as M. Gannal thinks, *even recovered*. (!) By Bourgeois, Bernard, Fermon and Richard, it is much lauded, and more particularly by M. Cottereau, in his cases entitled “Phthisis pulmonares ;” and in a clinical lecture, by the celebrated Dr. Elliotson of London, reported in the London Medical Gazette for 1831, the inhalations of chlorine are highly commended. It is painful, however, amid so much favorable testimony,

to be obliged to record the unfavorable opinion of Dr. Stokes, of Dublin, who, in a clinical lecture, reported in the *London Medical and Surgical Journal*, 1834, informs us, that although in some cases the inhalations of chlorine "appeared to do some good, in far more they did positive mischief." Upon the whole, the value of chlorine in well-marked phthisis is far from being established, and all that can be said is, that it may be tried in cases in which it appears that the impotence of the ordinary resources of medicine is demonstrated.

Mess. Gannal and Cottureau have each invented apparatuses for its inhalation ; but perhaps a slow and steady disengagement of the gas in the apartment of the patient, is as good a way as any for its exhibition.

A few words on the mode of administering *liquid chlorine*. It must be chosen pure and fresh ; containing a volume and a half of gas ; and it should be given in sweetened water, or in some acidulated or mucilaginous vehicle, or in the form of pill made with crumb of bread. We must be careful to guard against associating it with any organic materials which are easily alterable, with cyanogen, ammonia, &c. ; and not to place the preparations which we make of it, and which should be taken at once, in metallic vessels. Our next paper will contain a notice of the therapeutic action of the chlorides, or chlorurets of the oxides, viz. potassa, soda, &c., the employment of which is attracting much notice abroad, and deserves to be more generally known.

United States Medical and Surgical Journal.

MEDICINAL PROPERTIES OF THE CREOSOTE.

FROM all accounts the creosote seems to be a potent, and consequently, under a judicious use, a useful remedy. A drop put upon the tongue causes very severe pain, and blisters the part ; even the epidermis is usually detached from a portion of the skin, moistened with the pure creosote.

The solution of it in water is the preparation which Reichenbach has chiefly employed ;—its strength may be made to vary according to the strength of the irritation required ; but in most cases a solution of one part of the creosote in fifty of warm water will be found most convenient. He has used it successfully in scalds and in burns, whether the epidermis has been detached or not ; in numerous cases of chronic herpes and impetigo, in itch, &c. When these cutaneous diseases are very obstinate, and resist the effects of the creosote solution, he is in the habit of applying the substance either directly and in its pure state, or mixed with lard, so as to form an ointment ;—under the use of this ointment, the pustules or vesicles very quickly dry and fall off. The period usually required for the cure varies from one to three weeks ; and as a matter of course, this must depend on the duration of the disease, and on the constitution of the patient. Several cases of troublesome, and sometimes apparently malignant ulceration are reported as having been cured by the creosote. Scrofulous ulcers are benefited by it in an especial degree ; and when there are any sinuses or fistulæ, no injection will be found so useful as water impregnated with the creosote. If the ulcers should be obstinate,

it may be well to touch the edges of them with the pure creosote ; but in most cases the application of pledgets of linen wet with the solution will be found sufficient. Tooth-ache may be often cured instantaneously by introducing a drop of it into the cavity of the decayed tooth. Even the mere gargling with the solution in water, will not unfrequently relieve the pain. The efficacy of the use of the creosote internally we should deem much more problematical, and especially in such a disease as hæmoptysis, for which it has been recommended ; the dose given was four drops rubbed up with lump sugar (it is not stated whether the four drops are to be given in one or in divided doses), and this was repeated for six or seven days.—*Bulletin Therapeut.—Med.-Chir. Rev.*

CASE OF NYCTALOPIA—IDIOPATHIC.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN the case of night-blindness, a brief sketch of which was given in the 26th number of the last volume of this Journal, the disease was partial in degree or incomplete ; that is, the patient possessed some power of vision when aided by artificial light : but in the subject of the present article, the blindness was total.

Neil Miller, seaman, a native of Sweden, thirty years of age, and in the enjoyment of perfect health. While at Rotterdam, two months since, he was suddenly, and without any apparent cause, attacked with night-blindness. Vision became obscured at dusk or soon after sunset, and in a short time he was unable to distinguish any object whatever. In the morning following, vision was restored, and continued throughout the day as perfect as it ever was.

At first the attack of night-blindness lasted for three successive nights, and then disappeared spontaneously, the patient not having had recourse to any remedies. In about five weeks afterwards, and while on his passage to this country, it returned as before, without any obvious cause, and has continued without intermission to the present time.

16th Sept.—His eyes presented a natural and healthy appearance ; examined by daylight,* the pupils dilated and contracted readily ; the irises were of a light blue color. He stated that he had always enjoyed good health, and had not resided in warm climates, except for a very short period, when he made a voyage to the West Indies.

R. Hydrargyri Submuriatis, gr. viij.
 Pilulæ Aloes et Colocynthis, gr. xvij.
 Antimonii Tartarizati, gr. iv.

Misce : in pil. no. iv. dividend.

The patient was directed to take three or four of these pills† at once, and

* N. B. His eyes were *not* examined by candle light.

† There appears very frequently in cases of nyctalopia, a remarkable torpidity of the stomach, or insensibility to the action of emetic substances. In some cases ten and fifteen grains of tartarized antimony, conjoined with or followed by a proportionate quantity of ipecac., have been taken without producing more than a slight degree of vomiting.

if no vomiting was induced in an hour, to repeat one or two pills, according to circumstances, until free emesis should have taken place.

The following morning he had prescribed a full dose of the infusion of senna, with sulphate of magnesia.

22nd Sept.—The patient reports that he took four pills, which acted favorably as an emetico-cathartic. Two hours after the action of the medicine, his vision was restored, and it has remained perfect since.

12th Oct.—Vision continues unimpaired, and he is about to resume his usual avocation, which he was disabled from pursuing in consequence of the nyctalopia.

I have considered this as an idiopathic case of Nyctalopia, because no derangement or disorder of any other part of the system was manifested upon a strict examination; but the decided benefit derived from the administration of remedies which are known to act chiefly upon the secretions of the alimentary canal and the viscera subservient to the process of digestion, would tend to show the existence of some derangement of those organs, which had escaped notice, and of which the patient himself was not aware.

Boston, February, 1835.

LOZENGES FOR HOARSENESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It may not be generally known to the readers of your Journal that Lozenges made of sugar and pulverized cubebs (*Piper cubeba*) have the quality, when slowly dissolved in the mouth, of removing hoarseness and of rendering the voice clear—a fact of which singers have availed themselves with success, and which might perhaps be of service to public speakers. Allow me to propose a trial of its virtues in hoarseness arising from catarrh, sometimes an obstinate malady; and also in sore throat from atmospheric changes.

Yours truly,

D.

Boston, February, 1835.

The above lozenges may be found at the druggist shop of J. P. Preston, Federal Street, and other druggists.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1835.

A VALETUDINARIAN CHAIR.

MR. BENJAMIN W. HAYES, of Pittsfield, Mass. an ingenious and intelligent mechanic, has devised a chair, which we are inclined to suppose a very useful invention, a description of which accompanies this notice. Drs. Child and Parker, of that place, who are eminently well qualified to judge of its merits, have given their approbation, and recommend it to the favorable consideration of the profession. To have made the machine

better understood, a drawing seems almost indispensable, which we do not despair of receiving at some future time, when it will give us pleasure to advert to the subject again. In the mean time, if Mr. Hayes expects a compensation adequate to the time and labor he has devoted to the construction of what appears to be an auxiliary apparatus in surgical practice, he should not only place it in the hospitals of the principal cities, but call to it the attention of medical men through the appropriate channels of journals of science. His description of the chair follows.

I SEND a brief description of a chair designed for the sick, for which I have recently received a patent.

It consists of a substantial frame about 22 inches wide, and of suitable depth, height and strength; the back posts rising higher than the front ones, by an easy curve of the arm-pieces: the bottom part of the posts are planed out in front and rear, to sustain the balance of an individual when laid in a horizontal position; which is done by letting the back down to any given angle, which is made fast by a simple strap and buckle attached to the arm-pieces. The foot pieces are raised on a pivot at the seat, and made fast at any angle by a strap and buckle; a sliding panel is drawn out of the foot piece, making the bed of a suitable length; the head piece when the back is perpendicular, is turned up for a headboard when in a horizontal position. There are rollers in the bottom of the posts, on which a patient may be moved and rolled from one apartment or place to another. A pair of cross or cradle rockers are folded in to a horizontal, or pressed out into a perpendicular position by the simple movement of a strap on each side of the chair, making a cradle or rocking bed. A pair of side rockers, with a joint in the middle, are so contrived, that an individual sitting in the chair can, by a simple and easy motion of a short lever on the right side, press down the rockers, by doing which the whole is raised from the rollers, or cross rockers, into a common rocking chair. The rollers in the bottom of the posts are so arranged as to form a check to both pair of rockers, preventing the chair or bed from overturning; the foot piece is made in two parts, to be convenient for a lame or fractured limb; a foot board is also attached to supply the place of a common footstool. A light table is fitted to the arm-pieces, suitable for an eating, writing, or working table.

The whole is plain and simple in its construction, fitted for all the purposes of the nursery and parlor; adapted to all classes of invalids; easily changed into a great variety of positions to suit dropsical, asthmatic and rheumatic patients; cheap and of convenient size, light and portable. It is easily conveyed from one apartment or place to another, is well calculated for journeying with weak and feeble persons, affording a comfortable bed when needed by the way—well calculated for a hospital, surgeon's or dentist's chair, and not less adapted for all the ordinary purposes of a common rocking chair or a simple bed, in a private family or public office.

LUNATICS IN THE UNITED STATES.

FROM the mass of curious statistical items gathered by the persevering industry of the Prison Discipline Society, the following table has been selected.

Assuming, says the writer, that the number of lunatics is as one to a thousand of the population, which is found to correspond very nearly with

facts, where they have been ascertained, it is to be presumed that the following tabular view of the number of insane, in each State, cannot be far from true.

	No. Insane.		No. Insane.
Maine	399	Tennessee	681
New Hampshire	269	Ohio	935
Vermont	280	Louisiana	215
Massachusetts	610	Indiana	139
Rhode Island	97	Illinois	157
Connecticut	297	Alabama	309
New York	1,918	Missouri	140
New Jersey	320	Michigan	31
Pennsylvania	1,348	Arkansas	30
Delaware	76	Florida	35
Maryland	447	District of Columbia	39
Virginia	1,211		
North Carolina	737		
South Carolina	516		
		Total, 11,919	

In five or six States, there are private asylums, which may contain in all about a thousand patients. For the remaining ten thousand, nine hundred and nineteen, no suitable efforts are making for their restoration. It is a melancholy reflection, that between seven and eight thousand of these unhappy, unconscious, irresponsible fellow beings, are paupers—many of whom roam over the country, neglected and often abused, without exciting that active benevolence of feeling in the whole community, which is imperiously called for by this great multitude of wretched lunatics, who should all be housed, be fed, be clothed, and treated in the kindest manner at the expense of the States in which they have had a habitaney.

SMALLPOX.

SINCE our last Journal was published, there has been some considerable excitement in the neighboring town of Roxbury, in consequence of the sudden appearance of several cases of smallpox among the Irish who are settled there. Unfortunately, two or three children were inoculated with smallpox matter by a member of one of the infected families; but as all the sick have been removed to a remote section of the town, and vaccination actively resorted to, there is every reason for believing that this alarming scourge will be circumscribed to very narrow limits.

Boston, in relation to this one disease, practises upon a most excellent system. Smallpox cannot exist in the city, as the patients are removed as soon as the character of the eruption is understood. So long as the Health Department is managed with the same promptitude and energy which has distinguished it thus far, strangers may walk our streets without the fear of contracting this horrible distemper. If the same efficient course were pursued in all the large Atlantic cities, the country would never be in danger from its sudden and alarming inroads.

India Rubber Beds for Hospitals.—The perfection to which the workmen carry the manufacture of India Rubber, in the vicinity of Boston, is very extraordinary. No one article in their catalogue of useful things would probably interest a surgeon so much as the *air beds*. Through a

tube in one corner, the tick is blown up by the mouth, to any required dimensions ; and when it is no longer wanted, may be so packed away as to be placed in a gentleman's hat. Being confident, from critical observation, strengthened by the assurances of Mr. Martin, the agent, that they will be economical, as it regards cost, and being fully persuaded they are not only really comfortable, but altogether superior to straw, flocks, hair, moss, feathers and the like, from the circumstance that they imbibe neither fluids or the perspirable matter of the body, we strongly recommend their adoption in every institution where such furniture is required.

Loss of the Sense of Smelling.—By ROBERT J. GRAVES, M.D. "I had lately an opportunity of observing a very singular case of the total loss of the sense of smelling, occasioned by exposure to the effects of a very strong and disagreeable odor. Mr. —, formerly a captain in a yeomanry corps, was attended by Mr. Barker of Britain street and myself. He was affected with ascites, and in the course of conversation one day, mentioned that in the Irish rebellion of 1798, information was received by the magistrates, that five hundred pikes were concealed in one of the markets of Dublin, buried at the bottom of a large cess-pool, which was filled with the offscourings of the market and all manner of filth. He proceeded to the place, and superintended the work of emptying out the cess-pool, at the bottom of which the concealed arms were found as specified. During this operation he was exposed to the most abominable effluvia, and suffered greatly at the time from the stench. Next day he found that he had become entirely insensible to odors, and since that, now a period of thirty-six years, he has remained completely deprived of the sense of smelling. From this, it appears, that as exposure to very intense light may produce amaurosis, so exposure to intense odors may produce a corresponding affection of the olfactory nerve."—*Med.-Chir. Rev.*

Soot as a Substitute for Creosote.—M. Bland, physician to the Hospital de Bancaire, relates several cases of successful treatment of obstinate cutaneous affections, including several cancerous ulcerations, with soot instead of the expensive article creosote. The lotion was made by boiling two large handfuls of soot in a pint of water for half an hour, and then straining it. This was applied four times, or oftener, in a day.

Head of the Illustrious Scarpa.—Two things seem to have particularly struck M. Roux (query—the celebrated Parisian surgeon of that name ?) on his late Italian tour—the respect everywhere paid to the memory of departed greatness, and the ardor evinced for the pursuit of practical anatomy. Of both, however, he had rather an unpleasant proof in one instance. He was shocked, he says, at Pavia, to see the head of the illustrious Scarpa actually undergoing the process of maceration, in a vessel, along with other anatomical preparations !—*Med. Gaz.*

Maine School of Medicine.—On Monday last, Feb. 16, the annual lecture term commenced at Bowdoin College. Dr. Childs, the Professor of Theory and Practice of Medicine, passed through this city, the last week, on his way to Brunswick. We have always been favorably impressed

with the operations of this school, and certainly wish the faculty a pleasant and profitable season. As it regards the students, they cannot be poorly taught by such men as now *fill the chairs* of the institution.

Confluent Smallpox.—In all cases of confluent smallpox, particularly when the surface of the body becomes denuded of large portions of skin, if Peruvian bark, finely pulverized, is sifted over the inflamed surfaces, once or twice a day, an invariable relief is afforded, and the prospect of recovery is always more favorable by thus allaying the extreme irritation.

Medical School of Baltimore.—From a recently received catalogue, it appears there are one hundred and forty-three students attending lectures. The term closes on the last day of February.

Harvard University.—The corporation of Harvard University have recently established a Professorship of Surgery. The statutes of the professorship were ratified by the Overseers at their meeting last week; and the nomination by the corporation of George Hayward, M.D. as Professor of the Principles of Surgery, was announced. At the meeting of the Overseers on Thursday last, the nomination was unanimously confirmed.

Massachusetts General Hospital.—Drs. Townsend and Doane have been elected Consulting Surgeons by the Board of Trustees of the Massachusetts General Hospital.

TO CORRESPONDENTS.—H. F. and others were too late for this week.

DIED—At Baltimore, Dr. William Donaldson, a distinguished member of the profession.—In Savannah, Geo. Dr. Moses Sheftall.

Whole number of deaths in Boston for the week ending Feb. 14, 29. Males, 21—Females, 8.

Of infantile, 2—lung fever, 3—inflammation of the bowels, 1—old age, 4—intemperance, 3—consumption, 4—scarlet fever, 4—brain fever, 1—child-bed, 1—dropsy on the brain, 2—cholera morbus, 1—dropsy, 1—drowned, 1.

ADVERTISEMENTS.

TO PHYSICIANS.

AN eligible country situation, for a medical practitioner, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. Feb. 18.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

eptf.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, FEBRUARY 25, 1835.

[NO. 3.]

DESCRIPTION OF THE ROYAL HOSPITAL FOR THE INSANE, AT PALERMO.

TRANSLATED FROM THE JOURNAL OF SCIENCE, LETTERS AND ARTS OF SICILY,
BY W. TULLIDGE, OF FLORENCE, TUSCANY.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we are disposed to exercise our judgment, with due discrimination, upon any improvements in public institutions and useful establishments, it is necessary to wait for time to show the advantage of such improvements, and if the result may correspond with our anticipations. With these impressions, we have undertaken to discourse of, and to describe, the Royal Hospital for the Insane, at Palermo; an establishment for which we are indebted to the philanthropy and indefatigable zeal of the Baron Peter Pisani, whose efforts, combined with the means he has obtained from the generosity of our government, affords a certain guarantee for the benefits to be derived from his useful labors. In fact, if we had given a description, at any former period, we should not have been able to have done it with adequate justice to the establishment, nor to its philanthropic institutor and supporter, since the descriptions which have appeared do not, by any means, convey a just idea of its great utility.

A little more than half a mile from Palermo, upon the road which leads to Parco, rises now this magnificent hospital, which was at first only intended to receive patients who were natives of Palermo; but having been much enlarged, is now called the Royal Hospital for the Insane of Sicily. The building is decorated, externally, with simple and appropriate ornaments, and amongst others, an allegoric picture, painted in imitation of basso-relievo, in the upper part of the front, by the celebrated painter Rioli. On one side of the entrance, is the porter's lodge, and the court-yard, which is in the centre, and is decorated with a variety of ornamental plants, in vases. On the left angle of the court-yard, is the room for visitors, on each side of which is a parlatorium, one for the males and the other for the females, where they undergo an examination on their first admission, in order to ascertain the employments they are capable of, or may be made capable of, and to what class of the insane they belong, so that they may be assigned to such part of the establishment as may be suitably adapted for them—the meritorious patron having classified the insane patients into four divisions, and assigned to each of these their distinct portions, or departments of the building; namely—the *furious* class, the *melancholic*, the *tranquil*, and the *idiotic*.

Near to the room for the reception of visitors, is the Anatomical

Museum ; beyond the museum, in the same court-yard, are the rooms for the people who are employed to attend upon the insane ; on each side are bathing rooms, one for the men, the other for the women. On the left side of the magnificent stair-case, we pass to a large saloon, and on the other side to a kitchen and refectory. These parts of the building are alone designed for the accommodation of the men, as well as the women ; every other part being so arranged, and divided, that the females are all on the right, as we enter the building, and the males on the left. These apartments open to an inner court-yard, having a fountain in the middle, under two Gothic arches. The first wards, on each side of the court-yard, are assigned to the peaceable and tranquil class of lunatics ; next to these, and near to a small garden, laid out in the Chinese style, are the wards for the idiots ; the passage, which divides the inner court from the Chinese garden, leads into a large saloon, on the left, where the insane people are employed at the looms, and where more cloth is fabricated (of different qualities) by the insane, than is required for the various uses of the establishment. From thence, we pass to an interior stair-case, by which we ascend to the upper story, where is a spacious saloon, assigned to the melancholic lunatics. On one side of this saloon, is the infirmary for these lunatics ; and on the other side, apartments are fitted up in a secure manner, and adapted for the accommodation of such insane persons as are boarded at their own expense, or that of their friends.

Returning again to the principal court-yard on the left, is the grand stair-case, by which we ascend to the first story, assigned to those admitted *a pensione*. The first corridor is a common passage for such insane persons. On one side, is a saloon of recreation ; on the other, are various apartments, very commodiously fitted up. At the end of the corridor is the infirmary for the poor ; and near to this, is a room which opens to the church. This room is for the accommodation of the insane patients *a pensione*, in their religious duties. By another corridor, to the left, we pass to the opposite angle of the establishment, where are the apartments and a saloon for the convalescents. Further on is a magnificent saloon, painted with rural scenery, for the accommodation of the poor melancholic class of the insane. A third corridor, parallel with the first, comprehends other accommodations, where there is a communication from the first story, for the use of female patients *a pensione*. A fourth corridor, parallel to the second, conducts to the first, and thus the whole four corridors form a square. The fourth corridor opens to the internal part of the establishment, where are situated the apartments of the director, and also a strong room, softly cushioned, for the reception of insane patients who are subject to violent paroxysms of their malady, but of which no use has yet been made ; the plan of treatment, without coercion, having hitherto been found happily to succeed in the management of such patients, with whom the straight waistcoat is not required, since the new method of management, adopted by the Baron Pisani, has been found to answer much better for the furious class, even when subject to their violent accessions. This method consists in the use of a cradle of suspension, where the patient being well secured, to prevent him from falling or attempting to jump out, is gently rocked, or swung,

until sleep comes on, and, as it invariably happens, the patient afterwards becomes cool and composed.

All that part of the building, above described, is comprehended within the boundaries of one, which had fallen into decay, and has thus been rebuilt. We now proceed to give an account of the buildings which are entirely new, and adjoining to the other. By a second entrance, opposite to the outer gate, we come to a spacious court-yard, the surrounding walls of which are ornamented with very pleasing pictures, in fresco. Passing on to the right hand, there is a rectangular space, which is bounded on two sides by the new buildings, and on the sides opposite to these by iron gratings. The rooms, to the number of twenty, on the two sides of the new buildings, are appropriated for the habitation of the furious class of lunatics. In the middle of the court-yard there is a fountain, surrounded by a double row of umbrageous trees, with stone seats, at proper distances, and all so arranged as to render the place at once cool, pleasant, and refreshing. In the same order, on the left hand of the new buildings, are the apartments assigned for phrenetic patients. Besides these, there are two large saloons, in that part of the new which adjoins the old buildings; one of these is for the tranquil class of patients, and the other for the idiots. There is a garden adjoining this part of the premises, abounding with fruit and culinary vegetables, with a fountain in the midst, and a spacious tank, large enough for the men to exercise themselves in swimming. The abundant supply of water, the fertility of the soil, and the industrious labors of the insane people, have all contributed to the superb products of vegetation. At the lower part of the garden is a small Greek theatre, elegantly constructed, and is entirely the work of the insane. Over the porch is an inscription in Greek and Latin, in testimony thereof.

THE INSCRIPTION.

ΤΟΥΤΟ ΤΗΣ ΣΟΦΙΑΣ ΑΙΑΑΣΚΑΛΕΙΟΝ' ΟΙ ΑΦΡΟΝΕΣ
ΕΚΤΙΣΑΝ.

Within the theatre, the following is inscribed on the walls.

*Affabre quod mirum
Ab imperitis ipsisque Dementibus
Estructum
Anno 1829.*

We are not less disposed to admire the finished and perfect manner in which this edifice is erected, than the genius and design so happily conceived by the Baron Pisani—the simple style of the fabric being so suitable to the laborers employed. But the most interesting part of the subject remains to be described; namely, the physical and moral management employed so ingeniously, and with so much success, by the Baron, and by which means the cure of those maladies, hitherto generally considered to be incurable, is frequently effected.

The worthy Baron, being guided by the force of his own genius, and by the result of experience, which in a few years he knew how to acquire and mature to such a degree, that it might be imagined he had spent his life in the study and meditation of hospitals for, and the management

of, the insane, and such as are so afflicted, is accustomed to view these, in whatever degree or class they may belong, in every respect as children, and instead of the barbarous and rigorous treatment, so generally had recourse to, a mild and gentle system of management is adopted, with a certain portion of time to be employed in labor, with such occasional recreation as is requisite to the infirm state of the corporeal functions. But the moral means is still more important, in the plan of treatment pursued, with which many eminent physicians have concurred ; and amongst others, it is satisfactory to refer to the writings of Signor Raol Rochelle, who has observed, that " surveying the generality of these unhappy lunatics, I coincide entirely with the opinions of the Baron Pisani, and am a partizan for the moral mode of treatment, instead of the violent modes of coercion hitherto employed." With regard to the corporeal diseases to which the insane are subject, in common with those who are not afflicted with mental maladies, the Baron leaves the medical treatment of such diseases to the physicians.

That the effects of the moral system employed, at this establishment, correspond fully with the wise and beneficent views of its excellent founder, are fully corroborated by facts. Independent of the many lunatics, of both sexes, who have recovered, and reacquired the use of their rational faculties, of which they had been so miserably bereft, how consoling it is to humanity to observe those, in whom the mental disorganization admitted not the possibility of cure, rendered as comfortable as their state will admit, being protected and sheltered from the inclemencies of the seasons, supplied with a wholesome diet, and, when they may be subjected to the more violent accessions of their unhappy malady, are guarded from injuring themselves or others, and thus secured from the wretched lot to which so many in their state are exposed. And we cannot at the same time avoid reflecting, how many, suffering from indigence in society, would exchange their liberty, embittered with trouble and sorrow, for the condition of a maniac in the Royal Hospital for the Insane at Palermo ! The pleasant situation of the place, the continual sources of amusement and recreation, the kind and benign treatment, all concur, in a striking and remarkable degree, towards the cure of the insane, by diverting their minds from the train of thought which had produced the affliction. One of the most common symptoms, in every species of insanity, is undoubtedly watchfulness ; the daily occupations, and the other exercises of the body, in the manufactories and in the various improvements and embellishments of the hospital, are found to be attended with the most salutary effects in obviating this symptom, by inducing a certain degree of fatigue. Some people, in observing such a superfluity of ornaments, which appear to indicate luxury, and the labor that these must have cost, may be disposed to consider such labor mis-employed ; but it has been found that the variety of amusements such occupations afford, is very conducive to the cure of the malady, so that these ornaments may be regarded in no other light than as the results of part of the plan of treatment which the Baron Pisani has pursued with so much success. It is therefore probable that these ornaments will go on increasing, until every angle of the buildings will present, to the curiosity of visitors, some eccentric or elaborate workmanship, by the hands of

industrious lunatics ; and besides this, the habits of industry and application, thus acquired, the worthy Baron has with much discernment turned to a profitable account, by increasing the resources of the establishment. Putting facts to the proof, by comparing the annual income, from its foundation, with the expenses disbursed for the maintenance of the insane, the value of the products of labor will be found very considerable, independent of the buildings, and improvements of the hospital itself.

On festival days, the amusements of music and dancing are substituted for labor, and these changes have been found also to concur to the happiest effects.

This plan of treatment, so efficacious and humane, for the cure of insanity, is a proof of the superior mind of him, under whose directions it has been carried into effect ; and although it would be very difficult to find such an estimable person to superintend similar establishments, the plan here described will be found more and more advantageous and satisfactory, as it is judiciously employed. The labors and ingenuity of the worthy Baron may thus, in some measure, be imitated ; but who, we may ask, will imitate the indefatigable constancy with which he has pursued his painful and arduous undertaking ? His zeal and anxiety for the great work he has created, instead of cooling or abating by time, goes on increasing, and exciting the admiration of those who know the nature of such duties and employments ; and we cannot be surprised at the sentiments expressed by particular friends, or the praises of his fellow citizens, as well as those of strangers residing amongst us, and travellers who have visited the establishment. Amongst others, the Duke of Buckingham, in a complimentary letter to the Baron, says, " The annals of your country will place your name in the rank of the illustrious Howard, and amongst the heroes of humanity, who are the finest ornaments in the history of the world." In May, 1832, when the Senhor Hunckler directed the attention of the Representative Council of Geneva upon the condition of the insane, the journal called the *Federal*, amongst other observations about this establishment, and its Director, says, " Although the internal management of the hospital merits the highest attention, that, however, which distinguishes this hospital particularly, are the means employed in the treatment of the insane—and above all, the laudable zeal with which the Baron Pisani has dedicated all his attention, and has fully merited to have his name enrolled amongst the benefactors of humanity." In June, 1832, Baron Ende, a distinguished personage in the service of the Court of Baden, addressed a letter, containing a most flattering eulogium, to the Baron Pisani.

When we observe the remarkable degree of neatness and cleanliness, which is so conspicuous in every part of the establishment, this might appear to be the effects of compulsion, and with a view to ostentation ; but the fact is otherwise, for by the good regulations adopted, cleanliness is become a kind of instinctive or natural feeling with the insane people, more so, even, than with those who are employed to superintend them, so that this part of their labor is quite voluntary.

Some years ago, it would have been difficult to have found in Sicily, or elsewhere, any public hospital or asylum for the reception of lunatics, which would have been visited without exciting very painful feelings in

those who possessed any sensibility for the evils and sufferings of their fellow creatures ; but we have now no hesitation to assert, that the most compassionate may visit this hospital, without having any painful impression, except such as may arise from natural sympathy, which must be at the same time mingled with satisfaction that such an establishment has been found, and such an excellent mode of treatment adopted, by which these evils of humanity are so efficaciously succored and diminished. We have had testimony to this effect, from the Marquis Gargallo, who in a letter to the Baron Pisani, published in the *Scientific and Literary Ephemerides of Sicily*, after having stated his constant and almost unconquerable aversion to visit such establishments, when he had entered this, said, that however predominant this feeling was, on his first entering the place, his satisfaction at being so agreeably undeceived was proportionally increased, even to admiration.

ADIPOSE LINT.—FUNCTION OF THE UTERUS, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In answer to a query appended to a brief communication of mine in your valuable Journal, I would assure you that you did not *misread* the manuscript, and that I do not at once feel disposed to retract the use of certain terms. By *adipose* or *fatty lint*, however, I intended nothing more than a species of pessary made of lint, and an ointment suited to the abraded surface of the *labia*. The adhesion in the case mentioned in my communication, was certainly not formed by the *scarf skin*, but by the cellular texture of the *rete mucosum*. I trust that my own, and the future observation of others, will confirm the statement.

Whilst my pen is in hand, I would suggest a few thoughts which have arisen from reading the essay in your Journal on the use of the *Ung. Hydr. Fort.* in *Erysipelas*. The writer of that essay may have had sufficient experience to make still stronger assertions, but I am disposed to consider the remedy he proposes a very uncertain one. A diligent use of the *sugar of lead* (and none but a diligent use will answer the purpose), in which there is an *incessant evaporation* kept up, has scarcely ever failed of a cure. *Ice water* perhaps would do as well, the object being to bring about a *reduction of temperature*. The speediest remedy, however, is a *blister*, put upon the *advancing surface*, and the sound skin contiguous. The *sugar of lead* and the *blister* are considered preferable to the solution of *opium* recommended by Dr. Physick ; although a query arises whether the solution of opium does not operate by way of *evaporation*. The *ung. hydr. fort.* it is well known is not characterized by *evaporation*.

Before I close, at present, I would suggest to your numerous correspondents, whether there is not a sort of *peristaltic*, or *musculo-nervous* action, put on by the *vagina* and *uterus*, whereby the *semen* of the male is taken up from the *vagina* by the *uterus*. In two cases within my knowledge of *prolapsus uteri*, a *pessary of bark* was employed, and the *bark* found in the *uterus*, although the *pessaries* were only inserted in the *vagina*. I am persuaded, dear Sir, that the action alluded to exists,

and constitutes an essential part of generation, and that whether it be called a *peristaltic, musculo-nervous*, or *fibrous* action, I should be pleased to see the subject thoroughly canvassed by some one or more of your able correspondents.

H. F.

Longwood, Va. February 8, 1835.

Note.—The suggestion made in the last paragraph is worthy a physiological examination. Any remarks, therefore, from professional gentlemen, tending to elucidate a subject which has always been involved in obscurity, but which seems to have incidentally attracted the observation of our respected correspondent, would be exceedingly prized by those who are desirous of fully understanding the functions of the organ.—ED.

CASE OF NEBULA OR OPACITY OF THE CORNEA OF THE SLIGHTEST DEGREE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE rapidity with which nebulous opacities of the cornea, even when of long standing, sometimes disappear, is truly astonishing. And it has been well remarked, with reference to their treatment, that the remedies both general and local which have been found most beneficial in removing opacities or specks of the cornea, are those which operate in reducing the ophthalmia in which the opacities have originated. I beg leave to offer the following as a brief, although striking case, in confirmation of the above remarks.

Miss F. M., 24 years of age and of a full habit, applied March 28th for dimness of vision of the left eye, stating that she was attacked suddenly and without any apparent exciting cause, with severe headache, felt, however, more particularly in the neighborhood of the left eye. The attack occurred in the night, and upon rising the following morning the left eye was found to be inflamed, and the power of vision was considerably impaired. To use her own expression, she seemed to view objects as if they were enveloped in a thick mist or cloud. The violent pain and distress in the head was not experienced from that time, nor was the eye painful; there was, however, some epiphora upon exposure of the eye to the light, but she was chiefly induced to apply for medical aid from the dimness of vision, which had not at all diminished.

The vessels of the conjunctiva of the sclerotic appeared moderately injected; the whole cornea presented a dull hazy appearance, the corneal conjunctiva having lost the lustre and transparency of the healthy eye; besides which, the cornea in some parts in which the opacity was more dense, had a bluish white or milky appearance, as if from effusion between the lamellæ or into the substance of the cornea. An active cathartic was prescribed to be taken immediately; after which a few leeches were directed to be applied to the temple, and the eye to be frequently bathed and fomented with warm milk and water. A mild ointment was also advised to be applied to the margins of the eyelids at night to pre-

vent adhesion and consequent irritation of the eye. Three days afterwards this patient returned to say that the vision of the affected eye was entirely restored.

A slightly astringent and stimulating collyrium restored tone to the vessels of the conjunctiva, and tended to prevent a relapse.

Boston, February, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1835.

THE UNITED STATES MARINE HOSPITAL, AT CHELSEA, NEAR BOSTON.

AN Act of Congress was passed July 16th, 1798, making provision, by laying a tax of *twenty cents* on each month's wages, for the temporary relief of sick and disabled seamen, in public or private service. The supervisor of the revenue appears first to have had the charge of providing for their relief; and accommodations were procured for such seamen on Castle Island, in the harbor of Boston, for the port of Boston and Charlestown; and Dr. Thomas Welsh, who had previously been employed by the Secretary of War, to attend to the sick soldiers at said island, and the sick of the recruits then raising at Boston and its vicinity, was appointed physician of the Marine Hospital, by the Secretary of the Treasury, June, 1799. On the 21st of February, 1800, Gen. Lincoln, the collector of the port, transmitted to the Secretary of the Treasury regulations proposed by Dr. Welsh, for the hospital at Boston, which were approved by the President.

Dr. Welsh was superseded by the appointment of Dr. Charles Jarvis, who took charge of the institution when the patients were removed from the island to the building erected for them in Charlestown, on the 1st of January, 1804. The Marine Hospital in Charlestown, built of brick, was 100 by 40 feet, two stories and a basement; was accommodated with kitchen, a spacious hall, and 19 rooms, with a garden spot of five acres; the average number of patients about thirty.

In 1827, a scite for a new hospital having been obtained in Chelsea, with ten acres of land, a rough stone building was erected, one hundred and five by fifty feet, two stories above the basement, with wings for the accommodation of the steward and physician; into which hospital the patients were removed Oct. 1st, of that year. Dr. Jarvis continued physician and surgeon until his decease, in 1808, when Dr. Benjamin Waterhouse was appointed; he was superseded by the appointment of Dr. David Townsend, in July, 1809; Dr. Townsend continued physician and surgeon until his decease in April, 1829, assisted in the decline of life by his son, Dr. Solomon D. Townsend. Dr. Charles H. Stedman was appointed soon after Dr. Townsend's decease, and continues to the present time, 1835.

Benjamin Beal was the first steward, when the patients were accommodated on the island, and continued until 1808, when John Bullard was appointed. He continued about one year and a half, when in September, 1809, Capt. Adams Bailey was appointed, who continued in that trust

until July, 1824, and at his decease Col. Charles Turner was appointed, who still remains.

By the politeness of the last-named gentleman, we have been furnished with the following concise statistical paper, for which we acknowledge ourselves greatly indebted,—and particularly so, as the facts most desirable and interesting to medical men, in relation to the internal regulations of the hospital, could not have been procured from a more satisfactory source, without asking a favor which could not be complied with on account of a previous engagement.

The Marine Hospital, at Chelsea, is under the immediate care of the collector of the ports of Boston and Charlestown. A physician and surgeon is appointed by the President of the United States; all the other officers, or assistants, are appointed by the collector, who is agent for the institution.—A steward, charged with the procuring of such supplies as may not be otherwise provided, and with the safe keeping and issuing of all supplies; and who shall preserve order in the hospital.—A principal nurse, to take care of the wards, beds, bedding, and clothing of patients, keep the utensils in neat order, and observe economy in her department; to prepare tea, drinks, and all light messes. An additional nurse may be employed for every ten patients, if necessary; only two male nurses have been permanently employed, though some occasional additional temporary nursing has been procured. The steward's wife is general directress.—One cook and one laundress, females, who are assisted by the scavenger and house-cleaner. Each female has her particular business assigned, and particular apartments to keep clean and in order.—Two laborers to do all the necessary labor of preparing wood in winter, doing all the farming and gardening in summer; to attend to all marketing, and preparing all provision for cooking; distributing, with the assistance of the scavenger, the provisions to the convalescent room, and to the wards of all such as are unable to resort to the general table; and any other labor required. A scavenger and an house-cleaner, to assist the cook and laundress, and clean the whole house, by washing, &c. twice a week, and any other service as required.—Two male nurses; on some occasions an additional nurse has been employed. Their business is principally, under the direction of the physician, to attend to the reception of patients; to report the names of such as are admitted, to the steward; to see all accommodated with beds, &c. and made comfortable; to administer medicines, agreeably to the physician's directions; to keep the dispensary clean, and all its utensils, and do other duties incident to the business of nurses.

No person employed in the institution is to use any profane, abusive, or indecent language to any person, inmate or patient, but to treat all patients alike, and with that attention which suffering humanity demands. No ardent spirits are used by any person employed, or by patients in the hospital, except by direction of the physician, for medical purposes.

A dinner list, so called, containing the names of all patients, and the number of the wards in which they reside, is presented to the physician daily for revision and alteration, and each patient served with the provision assigned to him.

All the bread (except crackers) made use of, is baked in the hospital, by the hired help.

Ten acres of land belong to the institution, a part of which is used for a garden, in which is produced considerable summer sauce, and about all

the potatoes necessary for the year ; hay is also produced sufficient to keep the horse belonging to the establishment, which horse, with necessary carts, plough, and tackling, is used to cart all wood from the wharf, bring from Boston all articles for the hospital, &c.

Have on an average raised and killed, annually, about 700 pounds of pork, and salted sufficient for the hospital use. In 1834, the three hogs killed weighed 1300 pounds ; salted 790 pounds, made bacon of the legs and shoulders, made sausages, &c.

The hired laborers dig graves, and inter the deceased. Boards are purchased, and a carpenter employed by the day at \$1,25, to make coffins, as well as to perform the needful repairs, &c. No other expense is incurred for burying the dead.

We have before us a tabular statement of the number of patients, deaths, the expenses of the institution, &c. for the last 22 years,—from which it appears that the whole number of patients transferred from one year to another during that time, was 822; number admitted anew, 8348; whole number accommodated, 9170 ; average number of patients yearly, 417 ; whole number of deaths, 533 ; average number of deaths, yearly, $24\frac{1}{4}$; number of deaths compared to number discharged, $1-17\frac{1}{4}$; gross sums collected, \$147,986 37; total amount of bills, \$157,275 85. During the year 1834, the number transferred from former years, was 47 ; admitted, 578 ; provided for, 625 ; deaths, 29; gross sum collected, \$9,024 12 ; steward's hospital bill, \$7,232 22—physician's salary, \$1,000—paid for medicine, \$442,72—total amount of bills, \$8,675 68. The average number of patients daily during the last year, was nearly 53 ; the average number during the fourth quarter of the year, was nearly 65.

From 1813 to 1821, inclusive, the expense exceeded the amount collected in the ports of Boston and Charlestown, \$22,567 95.

In 1821, the Secretary of the Treasury issued a circular, directing all insane and incurable patients to be discharged, and prohibiting any remaining in the hospital more than *four months*, and directing that the expense, in any one year, should not exceed the amount collected in the port for that year.

From 1822 to 1832, inclusive, the amount collected, exceeded the sums expended, \$7,317 21.

LONGEVITY.

NOTWITHSTANDING the positive evidence of the great age to which individuals have attained, a doubter has made his appearance in a foreign journal, and questions whether any man has lived beyond one hundred years. Now it is certain that the venerable Dr. Holyoke, of Salem, Mass. on his hundredth birth-day, dined with the physicians of this city and Salem. It is also certain that Francisco, of Whitehall, Vermont, lived to be one hundred and thirty-six years old. It is certain that Jacobs, a peasant, at the age of one hundred and twenty years, travelled on foot, from the Jura Mountains to Versailles, to thank the national assembly for relieving him from the feudal yoke. He was received by all the members standing and uncovered, and they made a collection for him on the spot, of two thousand, two hundred and twenty two dollars and twenty-two cents. It is also certain that in October last a man died at Polock, in Lithuania, at the patriarchal age of *one hundred and eighty-*

eight. He had seen seven monarchs in Russia, and had served under Gustavus Adolphus. When Donald McDonald was one hundred and seven years old, he gave the editor of this Journal a minute account of Braddock's defeat: he was a common soldier at the time, and had a vivid recollection of all the circumstances. But it is useless to cite instances of individuals who have attained such astonishing longevity, to convince the writer alluded to of his error in supposing that there is some mistake in reckoning, where over one hundred years are allowed a man in his age.

POISONING BY ARSENIC.

Mrs. CLARA ANN SMITH, a widow lady, residing in the city of Bristol, died and was buried one year and four months ago the 24th of December last, when some suspicions were excited that something was not right in relation to her sickness. The body was buried nine feet deep. Though from being in the water, which had oozed into the coffin, it was considerably altered, and converted, in part, into adipocere, the stomach and intestines were in an extraordinary state of preservation, which is now discovered to be invariably the case when arsenic is received into these organs. Mr. Herapath, an accurate chemist, at once discovered, by various tests, that the lady had been inhumanly poisoned. A Mrs. Burdock was arrested, and after a trial of five days the jury returned a verdict against her of *wilful murder*. The object of relating this curious circumstance is to induce surgeons to be watchful in examining the bodies of persons who have been for a long time interred—particularly if they have in view a chemical analysis of the contents of the stomach. If arsenic, the most common agent in the hands of insidious murderers, has been administered, the fact simply of finding the membranes of the stomach and bowels undecayed, even after being but a few months under ground, presupposes in almost every instance the presence of this deadly poison.

CLINICAL SURGERY.

A FEW weeks since, mention was made of the appointment of Liston, the celebrated Edinburgh surgeon, to the professorship of Clinical Surgery, in the University of London. On the 20th of December, he made his début before an audience—strangers to him—but his reputation was enough to congregate an assembly before which any man might be proud to speak. The introductory discourse, among other new and interesting medical matter, is on the table before us. Deeply interested as we are in the success of the man, in the new and troubled theatre of action to which his merit has called him, we confess our disappointment in the lecture. It is wanting in dignity—is burdened with apologies, lacks order, and, as a whole, would be unfavorably received in a medical school in the United States. In his lectures on surgery, he is at home—and when he begins to talk of his experience, we shall give a transcript from time to time of his lectures.

Fevers.—Why do not our correspondents have more to say upon the subject of fevers, that great class of diseases which are so formidable and destructive in this country? Essays would be exceedingly acceptable. Usually, writers on fevers have been too heavy. In order to convey the

greatest amount of practical information, one page is always better than ten, for the obvious reason that the first would be read and remembered, while the last would discourage Hippocrates himself, on account of its bulk and prolixity.

Irish Moss.—As this is becoming an important article in domestic economy, and particularly useful in hospitals, it may perhaps oblige those who gather it on rocky beaches here at the north, at low tide, to be informed that the true method of bleaching it is to throw the moss into fresh water, before it becomes dry, after being taken from the ocean. In about twelve hours it may be taken out, washed in clean water, and then spread in the sun. Such pieces as retain the reddish hue, when dried, should again be put in water, and the process repeated till the whole becomes of a dingy white color. If the maceration exceeds about twelve hours, it generally proves injurious to the article, as the sprigs drop into small pieces, and moreover lose considerable of their gelatine.

New Mode of Preserving Anatomical Preparations.—After the varnish has become thoroughly dried, which is usually employed in finishing injected preparations, place in the cabinet where they are kept, a common onion, which is thought to defend them against the depredations of vermin. At all events, the suggestion is worth the trial in extremely warm weather, when medical museums are generally most preyed upon.

Vermont Clinical School of Medicine.—It will be recollected this institution is located in the beautiful village of Woodstock, the shire town of Windsor County, twelve miles from Windsor, and eighteen from Dartmouth College in New Hampshire. Preparations are making for an unusually interesting course of lectures, the ensuing term. Dr. Palmer is an indefatigable man, whose character and usefulness, in connection with the school, have been widely extended.

Vermont Academy of Medicine.—In future, two courses of instruction are to be given in this institution, located at Castleton. The spring term, beginning the second Thursday of March ensuing, will continue fourteen weeks; and the autumnal, on the second Thursday of August—and will also continue fourteen weeks. For both, the fee is forty-five dollars; graduation, sixteen; and a matriculating ticket, three dollars.

Surgical Instruments.—We have received Mr. Weiss's catalogue of instruments manufactured in London, which, from the circumstance that it embraces all which have been recently invented, is an excellent guide in making purchases. It is doubtful whether many of the articles, indispensable in operations in the European hospitals, have found their way to this country. The screw lithotrite, to which is appended the dynamometer, is certainly unique, and should be manufactured by our instrument makers, as no surgeon, we apprehend, would be willing to trust alone to his judgment, when it is possible to have a self-registering guide that invariably gives not only the exact dimensions of the stone, but also shows by an index the progress which the gripe of the lithotrite has made.

Mr. Wakley.—This sarcastic, fearless and despotically inclined reformer, is annoying Sir Henry Hallford, Mr. Brodie, and some other pets of monarchy, in a manner *sui generis*. *Intercepted Letters*, as his editorial harpoons are called, undoubtedly irritate and vex the respectable gentlemen at whom they are thrown; yet, after all, it is doubtful whether one single point is gained in the clamorous call for medical reform, by the abusive course which has invariably been resorted to in relation to these favorites of fortune.

Smallpox.—Owing to the culpable neglect of people in the country to avail themselves of the positive preventive, vaccination, the smallpox is very frequently making its appearance the present winter. There appears by exchange papers to have been some cases in Vermont, at New Boston, N. H. and at Plattsburg, N. Y. on Lake Champlain. In the city of New York, which might be kept perfectly free from it, there has been a lamentable prevalence of this frightful malady.

French Hospitals.—M. Cloquet, having been appointed to the new clinical hospital in Paris, a vacancy was created in the Maison Royale Santé, and the place has been claimed by the physician of the institution, who seeks, as a right, to be the surgeon. The council general of hospitals referred the matter to the minister of the interior, which roused the surgeons of the bureau central, a body chosen by concours, to remonstrate, because the new appointment, according to law and usage, should have been made from their body. Dupuytren, Lisfranc, Sanson, and many others, whose reputations are well known in America, join hands with the bureau in demanding justice. How the affair will terminate, we have no means of knowing; but in the present state of excitement, it is very apparent that the whole body *des medecins de Paris* have caught that strange English infection which makes all doctors disagree.

Gratis Medical Lectures.—Since the close of the lecture term in Boston, a few weeks since, the faculty of the Mason Street College have been giving gratuitous lectures, several times a week, to such students as have chosen to avail themselves of this generous labor of love.

Going abroad for Information.—If American students of medicine would learn all that is to be learned of some of the ablest instructors in our country before going to Europe, there would be some sense in making a voyage in search of knowledge. It is opined that a vast many who go ostensibly for the purpose of treading the hospitals of Paris and London, see stranger sights than surgical operations, which occupy none too much of their thoughts in the gay cities of the old world.

Agues.—We find—says Dr. Thompson in his third lecture at the new University Hospital—that agues occur most frequently in foggy weather; a circumstance which I am induced to refer to the evolution of much hydrogen during such a condition of the atmosphere; and we learn from the experiments of Sir John Leslie, that the process of cooling proceeds more rapidly in hydrogen gas than in atmospheric air.

Mercurial Inunction in Erysipelas.—I do not see—remarks Dr. Laughlin, of the West Lock Hospital, Dublin, under date of Dec. 16—what advantages mercurial inunction possesses over remedies before in use. On the contrary, it appears to me that even when it does perform a cure, the consequences which may at one time or another arise from its well-known effects, will be as bad, if not worse, than the original disease.—Our correspondents will confer a favor by giving us the results of their observations on this mode of treatment.

New-Born Children.—When you are called to administer aid to new-born children—says M. Magendie to his class, in the lectures which he is delivering at the French College—in a state of asphyxia, either from protracted labor or any other cause, be particularly on your guard not to inflate the lungs too violently, as many attendants are in the habit of doing, or you will run the greatest risk of destroying the little patient by annihilating the elastic property of the lung, and rendering the organ totally unfit for the purposes of respiration.

Organization is, as it were, a crystallization, which has a tendency to assume a vesicular form, and produces a cell which is capable of absorbing the gases necessary both for its own vesicular development, and for the reproduction of others which are similar to it.—*Raspail.*

Prophylactic against chapped Nipples.—In Rust's *Magazin für die Gesammten, Heilkunde*, Dr. Strahl recommends the following preparation as a specific against this painful and distressing affection. Those who have had much experience in such cases, will be glad to be possessed of a remedy which promises so much.

R. Nuc. Gallæ. 3vj.
Vin. Alb. 3vj.

Digest with a gentle heat for twenty-four hours. Compresses immersed in the liquid should be applied to the breast three or four times a-day, beginning as early as the sixth month of gestation, and continuing it to the full term.—*Archives of Medical and Surgical Science.*

Artemisia Vulgaris in the Convulsions which take place during the period of Dentition. By Dr. BIERMANN.—Dr. Biermann attributes the convulsions which occur at this period of life to a combined psychological and corporeal hypersthénia, which gives rise to a preternatural degree of erithism of the nervous system, and of the brain in particular. To remedy this condition, which often terminates fatally, he determined to try the *artemisia vulgaris*, or mugwort, which had been previously employed with the most happy effects by Burdach, and Gittermann, in other affections which depend upon a state of irritation of the brain,—as for example, in epilepsy. The result realized his expectations, and he has since continued to employ the remedy with signal success. To children of a year old and under, he administers the powdered root, in doses gradually increased, from half a grain to two grains, repeated every hour. This precaution he thinks necessary, in order not to extend the effects of the remedy beyond what are necessary to remove the cerebral irritation. In

children over one year old the same care need not be observed, and the article may be given in doses of one or two grains every hour. In either case he remarks that three doses will generally suffice.—*Hufeland's Journal für Praktischen Heilkunde*.—*Gaz. Med.*

Preservation of National Physiognomy, in spite of Time, Climate, and Intermarriages.—The first article in the *Phrenological Journal*, No. 42, is an analytic review of an essay by Dr. Edwards of Paris, entitled, "The physiological Characters of the Races of Mankind considered in relation to their History." The essay itself is manifestly one of great learning, ingenuity, and interest, and is designed to show that races will invariably preserve characteristic features of persons, however ancient their origin. Thus, in the exhibition of Egyptian antiquities brought by Belzoni to London some years ago, and which were at least 3000 years old, there were figures of Jews depicted in procession on a royal tomb, so perfectly Jewish in complexion and physiognomy, that Dr. Edwards declares that they might have been regarded as portraits of Jews whom he had seen the previous day in the streets of London. We can verify, that his remark is most just. Egyptians, negroes, and Persians, exact images of the generation of those people now existing, were also exhibited in distinct processions on the same piece of antiquity. So in the "Last Supper" of Leonardo da Vinci, an excellent naturalist and observer, faces exist which were painted 300 years since, for which the Jews of 1834 might have sat. How sternly has nature resisted the effects of climate here! The fact settles an important question.—*Lancet*.

Organ of Language.—Article 3^d, in the above-named work, is the translation of a case from the *Encyclopedie Methodique*, in which a blow on the vomer was followed by a temporary inability to pronounce the words desired by the party stricken. "I heard," says the patient (a medical man), "what was said to me, and thought what I wished, but I pronounced other words than those which could express my thoughts, or if I began I could not finish them, but substituted other words for them. Nervous filaments pass from the brain, and enter the nose through the cribriform plates. Perhaps these received a shock from the blow, which was transmitted to the brain." The phenomena (says the editor) are inexplicable except on the principle that the brain is an aggregate of organs performing different functions, and the shock was imparted (by its situation) to the organ of language.—*Ib.*

Tetanus cured by Prussic Acid. By Dr. ERLUND.—A stout robust man was attacked with tetanus and trismus, after exposure to cold, which was allowed to continue a fortnight before a physician was called. He was treated at first by repeated bleeding, cathartics of calomel and jalap, blisters and the warm bath. The prussic acid was then administered to the amount of twenty to thirty-five drops per diem, and was productive of a very marked effect. The spasms ceased at first about the neck,—then in the extremities, and finally in the muscles of the jaw. It should be remarked, however, that mercurial frictions were employed at the same time, and pushed to the extent of salivation. Previously to resorting to the acid, large doses of opium had been administered without any benefit.—*Medicisch Chirurgische Zeitung*.—*Gazette Medicale*.

London University.—We have heard it currently reported in this country, and we believe the report has been by many accredited, that since 1831, the medical department of the London University has been regularly on the decline. The following statement taken from Professor Lindley's address, will show that the reverse is true. The number of students entered in 1831 was 248 ; in 1832, 294 ; in 1833, 353. A hospital, with accommodation for 125 beds, is being opened in connection with the institution, and Mr. Liston, of Edinburgh, has been appointed Professor of Clinical Surgery.—*North American Archives.*

We have recently had an opportunity of examining a remarkably convenient and complete apparatus, invented by Lemuel B. White, of New York. It is so constructed, that it may be employed as a stomach or breast pump—a cupping and enemata apparatus, or for the purpose of distending the bladder with fluid, and again withdrawing it. Notwithstanding the extensive application of which it is susceptible, it is so extremely simple in its construction, and especially in the arrangement of its valves, as to render it but little liable to those derangements to which the more complex instruments are so much exposed. We think it well suited for the fulfilment of the purposes for which it is intended—and can confidently recommend it to the profession.—*Ibid.*

TO CORRESPONDENTS.—Dr. Fish's paper and other favors are on hand.

DIED—At Cheltenham, Eng. Edward Holmes, M.D.—At Hereford, Eng. John Scudamore Lechmere Patershall, surgeon.—At Wales, John Henry Mostyn, surgeon.—At Jamaica, Henry Holmes, assistant surgeon of H. M. ship *Magnificent*.—Drowned, at Key West, Dr. H. S. Waterhouse, postmaster of that place, on the 19th ult.—At Indian Key, Florida, Dr. E. S. H. Leonard, of Providence, R. I. formerly of Taunton.

Whole number of deaths in Boston for the week ending Feb. 21, 30. Males, 14—Females, 16.

Of fits, 1—old age, 2—hooping cough, 3—throat distemper, 1—accidental, 1—typhous fever, 1—inflammation of the lungs, 1—infantile, 4—croup, 1—child-bed, 1—fever, 1—consumption, 2—lung fever, 2—hip-complaint, 1—scarlet fever, 2—scrofula, 1—mortification of the bowels, 1.

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Boston, February 4, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 4, 1835.

[NO. 4.]

THESES AT THE PARISIAN CONCOURS.

[See page 27.]

ARGUMENTATIONS ON THE THESIS OF M. SANSON, BY MM. VELPEAU, BERARD, AND GUERBOIS.

Remarks of M. Velpeau, and Replies of M. Sanson.

M. VELPEAU commenced by an eulogium on the thesis of M. Sanson, which, he said, exposed the merits of the question he had to treat in a very clear and satisfactory manner. There were, however, several points which he expected to find noticed in the thesis, that were passed over in silence. Thus, for example, there was no mention of renewing the dressings frequently, as a means of favoring union by the first intention, although every one knew that it was the main object to keep the wound clean, and free from all irritating matters.

M. Sanson answered, that union by the first intention should be established more or less perfectly in two or three days from the first dressing; if union do not take place within that time, the wound becomes a suppurating one; now, as the first dressing always remains on longer than the time above specified, it was not necessary to mention the change of dressing as a means of favoring the union.

M. Velpeau said this might perhaps be true, if a complete and perfect union took place within the first few days; but as a perfect union of the divided parts never did take place, as the wound must necessarily furnish more or less suppuration, he thought the renewal of the dressings was a capital point of the treatment, and should not have been neglected.

M. Sanson returned to his former explanation. It was a matter agreed upon universally, not to remove the first dressings after an amputation, before the sixth day, unless some accident rendered it necessary. There was not a surgeon in Paris who did not conform his practice to this rule; now, as all that could be expected from union by the first intention must obviously occur within six days, he did not see the necessity of mentioning "renewal of the dressings;" the wound was either united, or had become a suppurating one, before the surgeon ever thought of changing the apparatus.

M. VELPEAU.—There is another means of favoring union by the first intention which you have neglected to mention, although it has often been employed with success, and is, in my opinion, a secondary means of great value—viz. compression.

M. Sanson said that his experience led him to a conclusion diametrically opposite. He considered compression, and everything that might

tend to irritate the wound and disturb the process of union, as essentially bad ; this was his reason for not mentioning compression.

M. VELPEAU.—In page 13 of your thesis, you say, in speaking of conditions favorable to primary union—"It is necessary that the wound be recent. The shorter time the wound has remained exposed to the air, the more apt it will be to heal without suppurating. The chances of obtaining this mode of union diminish in proportion as the wound inflames, and fleshy vascular granulations spring up." Although this may be true as a general rule, it is not strictly applicable to all cases, and the exceptions should have been mentioned. Thus we may have a union of a wound by the first intention after granulation has commenced ; besides, you have altogether neglected to speak of those cases where a suppurating wound has suddenly changed its character and united by the first intention, although the edges have remained open for five or six days.

M. Sanson considered the condition mentioned by him as one necessary for immediate union ; where granulations are once formed, immediate union is quite impossible. As to the cases quoted by M. Velpeau, they were not examples of union by the first intention, at least according to the definition of the term which M. Sanson had laid down, and which he read, "The operation by which the surgeon places in contact the opposite points of a wound, to obtain adhesion without suppuration, or with the least suppuration possible." When a wound unites, after having remained open for four or five days, it is manifestly the union of a suppurating wound.

M. VELPEAU.—In page 110 you describe a mixed method of treating wounds after amputations, which consists in placing lint between the edges of the wound, and allowing only the deep parts to unite by the first intention. You say this is the method recommended by Boyer, and also the same which M. Dupuytren and Larrey follow on some occasions. Now, if I am not greatly mistaken, M. Larrey unites his stumps at once, and M. Dupuytren certainly does not put a rouleau of lint between the lips of the wound ; besides, at page 50, you condemn this very method, when you say "that tents of lint often act contrary to the purpose for which they are applied in stopping the wound, and cause a stagnation of the pus, &c." Your method therefore is merely the method of O'Halloran, and is condemned by yourself.

M. SANSON.—There is so little difference between the method which I have described, and that followed by M. Dupuytren, M. Roux, &c., that I am justified in classing them under the same head. I place the lint along the lips of the wound ; they place it perpendicularly, extending from the bottom to the surface ; the intention however is the same, to prevent an accumulation and retention of pus, and this method is applied only when the circular incision has been employed, not after flap operations ; besides, wounds made while amputating, are different from other wounds, and require a special treatment ; the remark in page 50, to which you object as a contradiction, was applied to wounds in general, not to amputations, which I have in my thesis distinguished from the former.

Remarks of M. Lisfranc, and Replies of M. Sanson.

M. Lisfranc's first objection was founded on a passage, page 29, in which M. Sanson speaks of the suture after amputations, and rejects this

means, as likely to bring on irritation and contraction of the muscles through which the suture is passed, although Delpech has employed it with advantage after disarticulation of the extremities, &c. without experiencing the above-mentioned inconveniences. Here, said M. Lisfranc, is an error which should be corrected. Delpech certainly employed the suture after amputations, disarticulation, &c., but not in the manner which you have described; he carefully avoided passing the thread through the muscles, tendons, &c., and merely embraced the skin and subjacent cellular tissue. The ideas of Delpech on this point have been published, and you will find them in the thesis of M. Serre of Montpellier.

M. Sanson was obliged to confess his error after the authority quoted by M. Lisfranc. He had supposed that Delpech embraced the muscles as well as the skin in the suture. Perhaps he had been led into this error by what he had observed in Germany, where he had often seen the suture employed, and remarked that it failed whenever the muscles, &c. were comprehended.

M. Lisfranc did not mean to defend the process of Delpech, of which he was far from approving; he merely wished to correct the error into which M. Sanson had fallen, and concluded by stating, that a means upon which Delpech placed more reliance after amputations of the thigh than the suture, was to place an assistant by the patient, who kept up a gentle pressure on the surface of the stump for a considerable time after the operation. This he found to be the most efficacious means of preventing the convulsive retraction of the muscles which so often renders it impossible to keep the edges of the wound together. (The next point gave rise to a very warm discussion between the candidates.) In speaking of wounds of the head (page 67), M. Sanson says that they "are often complicated with pain, hemorrhage, and extension of the inflammation under the cranial aponeurosis, &c. These accidents are to be combated by the appropriate means, particularly by bleeding, proportioned to the age and strength of the patient." Often, says the author, leeches behind the ears, compresses dipped in cold water, sinapisms to the legs, with laxatives, have succeeded in preventing the development of inflammation in cases where it seemed most imminent. If, in spite of the well-directed use of these remedies, inflammation of the sub-aponeurotic cellular tissue should set in, we have nothing to do but at once abandon all hopes of uniting the wound, and make large incisions (*déleridements*) down to the bone. M. Lisfranc now attacked this practice very warmly, and denominated it as altogether faulty. In cases of inflammation under the cranial aponeurosis, it is not necessary to have recourse to incisions as soon as inflammation declares itself. The surgeon should first endeavor to combat the inflammation by local bleeding, and particularly by revulsions on the intestinal canal. This was the practice followed at *La Pitié*; the facts were well known, and it was demonstrated that the necessity of incisions was often dispensed with by a sedulous attention to the principles he laid down. M. Lisfranc quoted many cases in which he had succeeded in arresting the species of inflammation alluded to, by acting on the intestinal canal, &c., and concluded that M. Sanson was in

error in confining his antiphlogistic treatment to a prevention of inflammation, and not continuing it after the development, reserving his incisions for cases where these means failed.

M. SANSON.—(This was an objection which M. Sanson found some difficulty of answering in a satisfactory manner, not so much from want of good reasoning, but because it was necessary to take the spirit of the passage rather than the actual words. He, therefore, commenced by reading the passage which we have quoted, amidst considerable laughter excited by the way in which M. Lisfranc pronounced at every third word, "bon, bien," &c.) M. Sanson remarked, that the employment of local bleeding, purgatives, derivatives, &c. was mentioned and recommended by him. If these failed, he saw nothing to be done, except to have recourse to incisions. From a strict interpretation of the words, it might, perhaps, follow, that he only used antiphlogistics to prevent the development of inflammation; but it was evidently understood that the preventive measures were to be continued after inflammation appeared; any surgeon would comprehend him in this manner.

M. Lisfranc said he did not know what M. Sanson might have had in his head, he only knew what was written in the thesis, and it followed from M. Sanson's words, that as soon as ever inflammation of the cranial sub-aponeurotic substance set in, he had recourse to incisions, without using those general means which the practice of M. Lisfranc, at *La Pitié*, showed to be successful. In page 64 (M. Lisfranc continued) you blame the advice of Petit, who recommends the surgeon to make a counter-opening near the base of the flap, in wounds of the cranial integuments, in order to avoid the inconveniences which would arise from the accumulation of pus between the flap and the bone: you prefer the immediate application of the flap supported by compresses, sutures, &c. I cannot agree with your condemnation of Petit's practice; the formation of pus between the aponeurosis and skull is a dangerous accident, which the surgeon should avoid by all the means in his power. Now when the flap is closely applied, and the dressings are left on for several days, there is great danger that purulent matter will accumulate under the integuments, become infiltrated into the neighboring tissue, detach the scalp largely, and aggravate all the accidents of the primary wounds. In some cases the distension by the pus thus confined has been so great as to lacerate the cicatrix of the integuments.

M. Sanson explained at some length the reasons for adopting his opinion. Like you, said he, I commenced by making a counter-opening, but I soon found that Petit's method was neither necessary nor advantageous, and that it was much better to retain the part in perfect contact. It is evident, that the best means of preventing the pus from spreading under the fascia, is to prevent its formation altogether, and this is best attained by the method which I employ; besides, if pus begin to be formed, the surgeon cannot long remain ignorant of the fact. The patient suffers more than ordinarily, and complains of pain, tension, &c. The dressings are removed, and the existence of any fluid under the thin layer of integument which covers the skull is very easily ascertained. It is now time enough to make an opening for the discharge of the matter,

and I think that we may advantageously dispense with the preventive incisions of Petit.

M. LISFRANC.—But if the patient suffer sufficiently to draw your attention to the wound, it necessarily follows that pus is already formed, and the mischief done which Petit's counter-opening would have prevented. Besides, you recommend a methodic pressure on the flap, but you do not confine this means to any peculiar kind of wound, as you should have done. To what kind of flap would you apply pressure, or would you use it with all, indifferently? In cases where the base of the flap is very narrow, the circulation difficult, &c. (and this often occurs in wounds of the scalp), methodic pressure may interrupt the feeble circulation through the strip of flesh connecting the flap with the rest of the integuments, and tend to produce gangrene. Now all surgeons, wherever there is any fear of gangrene being produced, avoid the use of pressure, and have recourse to the suture.

M. Sanson said, that his remark applied only to cases where the base of the flap was large and extensive. When the wound is narrow, there is no occasion to employ pressure, as the parts have not the same tendency to retract and keep the edges of the wound open.

(The time here expired.)

Remarks of M. Berard, and Replies of M. Sanson.

M. BERARD.—Our space will not permit us to give this argumentation at any length, although he made many of his objections tell. He commenced by repeating and enforcing an objection already offered by M. Velpeau, viz. that M. Sanson had altogether neglected mentioning the healing of wounds by the second intention. There were three principal forms in which wounds heal,—by the first intention, by suppuration and granulation, and by the second intention; this latter form was perhaps as frequently seen as either of the two others, and he had expected to see its advantages discussed.

M. Sanson remarked in reply to this, that it was not a question which he had to treat; besides, it came under the head of suppurating wounds. The next point was debated warmly.

M. Berard insisted that serous membranes were not vascular, and quoted Bichat, many modern anatomists, and several judges of the concours, who were of the same opinion.

M. Sanson answered that he had injected the free surface of a serous membrane, and that he desired no better evidence than his own eyes; he had also seen pathological preparations which proved the same fact; besides, he did not want authorities to support his opinion.

M. Berard, finally, reproached the author with an inconsistency, in saying at one time that the ligature tended to plug up the wound and retain the pus, whilst at another he said they served to conduct the fluids to the angles of the wound; besides, he had neglected to mention the method practised by the English surgeons, who, instead of assembling the ligatures in bundles, and drawing them out at the corresponding angles, bring each ligature down singly in a perpendicular direction; by this means the thread traversed the least possible space, and the irritation was, consequently, less.

M. Sanson did not seem well to understand this objection, for he denied the possibility of bringing all the ligatures perpendicularly out, and we left M. Berard constructing an equilateral triangle with the sides of the stump, the apex at the bone, the base inferiorly, and endeavoring, but in vain, to demonstrate to the surgeon of the *Hôtel Dieu*, that he could let fall any number of perpendiculars from the sides of the triangle upon the base. M. Sanson affirmed, in reply, that the perpendiculars would be all oblique, from which we concluded that he was a much better surgeon than mathematician.

MEDICAL PHILOSOPHISINGS.

REMARKS ON THE SENSES, SOMNAMBULISM, AND PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

THE mind, soul, or immaterial essence of man, is sometimes endowed with powers which ordinarily it does not possess, that seem to be deviations from the common course of things, and unsusceptible of a satisfactory explanation. What I have reference to in particular, are cases like those which have lately been described by Drs. Belden and Colby, and published in the Medical and Surgical Journal.

From the statements of those gentlemen it seems that Miss Rider and Mrs. Cass could see in the dark, and with their eyes shut and bandaged. I shall assume the privilege of differing, in some respects, from such a belief. That they were, while in this situation, possessed of the ordinary capacities of vision, is contrary to reason to suppose, and cannot be assented to by those who seriously take the matter into consideration. That they, while in a state of somnambulism, from some cause became acquainted with objects in their presence, that seemed to be through the medium of vision, will be admitted; but they could no more see with their eyes, under such circumstances, than with their ears, nose, or hands. There can be no doubt that they received the impressions, which it was supposed they did; but it could not be from vision, as we understand the word.

To impart clearer views upon this subject, it will be necessary to direct the attention to things which are more clearly understood—to things which are every day presented to our observation. Man, as a general rule, may be said to be endowed with five senses—seeing, hearing, smelling, tasting, feeling. There are, however, deviations from this rule. Some are born into the world devoid of the sense of seeing, and some have been even *deaf* and blind. There might be cases in which persons would be destitute of *all* the senses, and more like vegetables than like intelligent beings—possessed of imitation, but not sensation.

If instances are known of individuals being devoid of part or all the senses, the idea suggests itself whether there may not be instances where persons, under certain circumstances, are endowed with *more* than the allotted number. If the cases referred to, and others, which in the course of this essay will be presented, can be explained in any way, it will be from such a supposition. Miss Rider and Mrs. Cass, though they ob-

tained an impression of things, which *seemed* to be through the medium of vision, did *not* obtain it in this way, but received it through a medium which we know nothing about—in fact from a new faculty, or an additional sense.

To elucidate this still farther, it will be necessary to survey some opinions which are in part or altogether now assented to. The senses, such as all mankind, with some exceptions, are endowed with, are inlets or windows to the soul, or intellectual faculties. The eye, for instance, lets in light, and the senses as a whole may be said to let in knowledge; knowledge which we should be altogether deprived of, were it not for the senses. They may, very properly, be said to be windows, but dark and obscure ones, endowed with too little transparency to admit knowledge in its true splendor. Knowledge, or what, when possessed, we denominate such, exists somewhere in bright effulgence; but in regard to man, when it shines at all, it is admitted through the windows of the soul with dim or obscure lustre. Light exists, notwithstanding some individuals are born blind, and do not behold it. A person born blind, knows nothing of light; but if, from the skill of an expert oculist, the scales are removed which excluded it, he finds himself immersed in a sea of light. Our *bodies*, instead of affording facilities to the admission of knowledge, are hindrances, impediments, incumbrances. Though they admit, through the dark windows before spoken of, a few faint rays, they shut out more than they let in. Were it not for the body, or the thick shroud that enfolds the soul, we should find ourselves in a sea of knowledge, just as a person, when his eyes are operated upon to let in vision, finds himself in a sea of light.

As stated before, there *may* be persons so circumstanced as to possess other inlets to the soul, other faculties, or other senses, besides those generally assigned us, without this envelope being removed or taken away, as was the case with the persons before referred to. Whether they are endowed with this new faculty by the connection between the body and soul being in part dissolved, or from something being in reality bestowed upon them, which others do not possess, matters not in regard to the principle of the thing. Knowledge existed, whatever might be the way in which they became acquainted with it. But the subject will not be left without an attempt to explain it more particularly.

The connection between the body and the soul may be more slight in some instances than in others, and beams of radiance may pass through when the folds are partly lifted aside, which would not enter in any other circumstances. Sleep in some measure resembles that state of the body when the soul has departed from it—in other words, it resembles death. The senses are dormant—all the light which enters through the ordinary avenues to the soul, is shut out. Notwithstanding this, the mind is active—converses, and oftentimes has clear views of things. Somnambulism resembles, though it is not exactly like, sleep. Though a person in this state appears to be more awake than in ordinary sleep, he cannot be so easily extricated from it. If it is sleep, it is a higher grade of it, and there is, perhaps, more disconnection between the body and soul than in common sleep. New faculties, or senses, are possessed by such persons, and they obtain a knowledge of things in a different way

from what we have any conception of. It differs from common sleep, inasmuch as persons in this situation appear to have clearer views and more perfect knowledge of surrounding objects than at any other time. Somnambulists will walk several miles in the dark without making a misstep, or deviating from a direct course—walk a narrow plank or pole across a stream or deep chasm, which they would not dare to do when awake—climb trees, and perform feats which they could not do at any other time.

Ten or fifteen miles from where I reside, a man in a state of somnambulism prescribed an effectual remedy for a disease which he had long been afflicted with, which his physicians had in vain attempted to cure. Mrs. Cass prescribed a remedy for her complaint, which though not resorted to, her physician was almost inclined to think would have proved effectual if it had been made use of. Some years ago, a young woman at Hanover, who had long been indisposed and helpless, during an almost inanimate state of the body was made acquainted with the exact period when she should recover. Many readers of this periodical have, no doubt, seen an account of a clergyman (Mr. Tenant) who, to appearance, in a perfectly inanimate state, saw, while the veil was thus removed, things which no persons in their natural state are permitted to behold.

Curious instances of persons being endowed with supernatural powers of utterance, in cases where the nervous system is operated upon by disease, frequently come under our observation. A person, not far from where I reside, can, while in a state of somnambulism, declaim upon religious subjects in a manner which denotes higher intellectual attainments than he seems to be endowed with at other times. Dr. Mitchell is the author of a volume, giving an account of a female of this description. President Dwight, as I have been informed, while lecturing to his class upon divinity, gave an account of a case of fatuity, or mental imbecility occasioned by age, where the person, during sleep, would appear to be endowed with as high a state of intellectual attainments as he was ever possessed of. This person was a clergyman, and father to Dr. Edwards; and it was stated of him that he would argue upon divinity with great ability while thus circumstanced, seemingly with some antagonist. He would make statements, wait for a reply, and then proceed, exactly as he would if there had actually been some person conversing with him. I once attended upon a case of epilepsy, the most violent I ever saw, where the patient, in the intervals of the convulsions, was endowed with very extraordinary powers of utterance. At these remissions, he would exhort and blaspheme, alternating with each other regularly, without deviating. His language in both instances was so clear, connected, and forcible, his method so exact, perfect and complete, and his style so bold, powerful and overwhelming, that the most experienced critic could not detect a flaw in a single expression. In his exhortations, the apostle Paul would scarcely excel him in regard to oratory; and in his blasphemous effusions, the very demons would have to give up to him. The inmates of the hells of London would be puzzled to learn where he found the vocabulary which furnished him with such a multiplicity of fiendish words and epithets. Cold chills—even a death-like coldness and horror indescribable—ran over those who were attending upon him.

Even an atheist, if there had been one present, must have trembled, and experienced the inward throbbings of feelings he had never any acquaintance with before. In all these cases are indications of what may be denominated new faculties, or new senses. In some, the faculty of prescribing remedies for their own maladies; in others, the faculty of foretelling future events; and in others, that of utterance beyond what is natural in a healthy state.

Though there may be some more disconnection between the body and the intellectual faculties in these cases than what is common, yet this is not the only reason why new faculties are possessed. Phrenology, though yet in its infancy, and doubted as to its correctness by many, seems, by those who have attended to it, to be founded upon correct principles. Phrenologists have spoken of the brain as being divided into a great number of compartments, and assigned to each of these some specific and appropriate office. Each of the different divisions to which have been assigned specific powers, may be considered as possessing the embryo rudiments of new senses. Although there are in reality but five senses, there may be germs, or first beginnings, of others, which, from a greater influx or secretion of that invisible something which gives activity to the nerves, may be endowed with motions and capacities, that, when stimulated to a certain degree of exertion, may perform the offices of perfectly developed senses.

It is well known that in disorders of the sanguiferous system, while some parts are more torpid and less invigorated than what is natural, others, by what is technically called indirect sympathy, are excited to more energetic action. The persons above spoken of were all more or less under the influence of disease, and disease of such a nature as doubtless operated as an indirect stimulus upon that particular portion of the brain which was exerted to greater action in those cases—a greater secretion of nervous power was occasioned, and those actions and motions which eliminated new senses, produced. Pain is a new sensation, occasioned by a cut, a contusion, or a disease of some kind. Some parts, which, when in a healthy state, are possessed of no sensation, are, when diseased, more sensible than any other part. In like manner, those portions of the brain, which, when in a healthy state, have nothing extraordinary belonging to them, may, when diseased, be so operated upon as to be possessed of new faculties.

There are other causes, besides disease, which may have this effect. Calm, composed love to God, or wholesome religious zeal, may produce it. Fanaticism of every kind, may, in some respects, produce it. Individuals may be so formed in regard to their constitutional attributes, as to be endowed with a species of these extra faculties. Not altogether unlike the cases which have been mentioned, was the condition of the ancient prophets and apostles. Rapt in religious zeal, and supreme love to God, they were lifted high above this terrestrial sphere, and, looking through this earthly substance, the corporeal portion of our natures, the future was displayed before them. When Abraham, through the long line of his posterity, saw that a Saviour would be given to the world; when Isaiah had the millennium pictured to his view; and when St. Paul ascended the third heavens, and saw things of which it was not lawful for

him to speak, it was through a medium that others know nothing of, and which we may suppose to have originated from an impulse which produced increased nervous secretion, giving new faculties and new inlets to the understanding, and lifting aside the veil for the admission of that light or knowledge in which the whole human family are immersed.

Religious fanatics, persons under the influence of supposed witchcraft, those who are haunted by ghosts and apparitions, and troubled with spectral illusions of any kind, are operated upon in the same way, though with different results. Like persons in a low state of fever picking at the bed-clothes, and appearing to behold objects where nothing exists, these persons, through a different medium, are presented with false appearances—falsehood assumes the form of truth, and non-entity the appearance of reality.

Zerah Colburn and another individual were endowed with very extraordinary calculating powers—as extraordinary, to appearance, as for a person to foretell what was to transpire ten, twenty, fifty, or a hundred years from the time when he made the prediction. Any two numbers multiplied by themselves, any divisions, questions in the rule of three, cube root, geometry and position, were performed and answered immediately—replied to intuitively. What could this be but an additional faculty, a new inlet to the intellectual organs? Notwithstanding the most abstruse mathematical questions were replied to in an instant, they could not tell others how they did it—for the reason, perhaps, that there are no words invented to express such an operation of the understanding. With these there was probably no disease, but a more perfect organization of that portion of the brain to which phrenologists would ascribe extraordinary mathematical powers.

Men endowed with superior endowments in any art or science, have that particular compartment of the brain assigned to such art or science a little larger than others. Those vestiges, or embryo rudiments of new faculties, are more perfectly developed, and furnished with a more abundant supply of the nervous secretion than is common in ordinary cases. They differ from the cases which have been spoken of before, by not having anything deviating from the common course of nature belonging to them. Demosthenes and Cicero excelled in oratory, Homer and Virgil in poetry, Sir Isaac Newton in natural philosophy, Locke in metaphysics, and Alexander the Great and Bonaparte in war. These men, doubtless, were endowed with greater prominences in those portions of the brain, answering, according to the assignments of phrenologists, to their particular vocations.

More might be said upon the subject, and, by the application of more labor, clearer views presented, and some seeming incongruities might be explained or expunged; but having dwelt longer upon the subject than was intended, as nothing but a few crude hints was calculated upon, what has been stated must suffice for the present. Should that which has been herein exhibited appear to be founded upon reason, and meet the approbation of the reader, it is hoped that some abler pen may discuss the matter, and elucidate subjects which have been shrouded in darkness.

Thornton, N. H., February 12th, 1835.

S. F.

SUBSTITUTE FOR THE OIL OF AMBER IN THE FORMATION OF ARTIFICIAL MUSK.

[Communicated for the Boston Medical and Surgical Journal.]

TWENTY-FIVE years since, while performing some experiments with the resin of copal, I noticed the similarity of the oil obtained by distillation in a retort with that of the Amber, and found that almost the whole of the resin was converted into the oil. This oil, on being kept a short time, could not be distinguished by its color or flavor from oil of amber of the best quality. Experiencing the same difficulty (in procuring the oil of amber of sufficient purity) mentioned by Dr. Williams, the oil of the copal was substituted, and was found, on treating it with nitric acid, to yield a much larger quantity and better quality of artificial musk than any oil of amber I had ever used.

B.

New Haven, Ct. Feb. 23, 1835.

Quere.—Is not the amber the same resin as the copal? Much has been said on the origin of amber. By distillation it yields the succinic acid, which the copal does not. The acid may be formed, by laying for ages in the earth.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1835.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THE *Eleventh Lecture* of the course was devoted to the consideration of the interesting and important class of diseases of the eye, comprehended under the term Amaurosis. The subject of the *Twelfth Lecture* was a continuation of the same disease, and treated of the numerous varieties which occur as sympathetic of complaints or disorder of functions in other organs. The influence of inflammation of the external tunics upon the functions of the retina was first noticed, and also the sympathetic affection of the retina depending upon derangement of the meibomian secretions. Next the not uncommon occurrence of functional Amaurosis from gastric derangement was adverted to, and a useful caution was given to the practitioner to investigate carefully the state of the gastric secretions.

Repletion of the vascular system was considered as a frequent source of Amaurosis, and the appearance of the eye in such cases was noticed, as likewise the constitutional symptoms peculiar to this variety. The singularity in the appearance of the eye affected with Amaurosis under states of the system directly the reverse was noted, and it was observed that the same remark would apply to the symptoms occurring in Amaurosis from inanition.

Nyctalopia was described as another very singular and interesting form of Amaurosis. Having given a careful description of the morbid pheno-

mena exhibited in those suffering from an attack of this disease, the lecturer referred to an account of several cases which had occurred at the Eye Infirmary, and which illustrated the treatment proper to be pursued.

Double vision and Strabismus afforded an opportunity for some excellent remarks in connection with the subject of the lecture ; after which, Dr. Jeffries discussed the treatment which would be appropriate to each of the several varieties of Amaurosis above adverted to—in doing which he strenuously enforced the importance and necessity of ascertaining the exact causes of the disease in each particular case, and of applying the remedies with reference to such causes, whether constitutional or local.

In closing his remarks upon the treatment, the lecturer called the attention of the class to a remedy of the greatest importance in the cure of Amaurosis in general. Mercury is the remedy referred to ; and rules for its particular administration, as well as a description of the cases in which only it will be beneficial, and the regimen proper to be adopted by the patient under its use, were fully and carefully pointed out.

The history of several striking cases, which were conducted to a successful termination by active and persevering application of remedies, was related. Some anatomical and physiological observations, having an important bearing upon the nature of Amaurotic affections, terminated the lecture.

Previous to entering upon the discussion of the subjects of the *Thirteenth Lecture* of the course, the usual clinical observations and practical remarks were made upon the cases presented at the Infirmary for medical and surgical treatment. Among other interesting cases, was a case of tumor, or, as it has been considered by authors, Staphyloma of the choroid coat, the result of long-continued, deep-seated inflammation in the eye, and occurring in this instance in an unhealthy subject. It was of the usual purplish or blue color seen through the attenuated sclerotic—with some varicose vessels at its upper part. A very important case, unfortunately but too common, of injury of the eye with extensive opacity of the cornea (closure of the pupil with adhesion of the iris to the cornea in one eye) from explosion of gunpowder, was also presented and received under the care of the institution.

The disease first offered for the consideration of the class in this lecture, was Pterygium. The nature of this disease, and its division into membranous and fleshy pterygium, were noted, and the characteristic marks of both were pointed out. The mode in which its slow and gradual progress affects the cornea was described, and the cure of both species by excision was based upon a caution having reference to the pathological character of the parts.

Ectropium or eversion of the eyelids was next treated of, and its nature and the various causes which may give rise to it, were carefully adverted to. The indications of cure were noted, and the mode of applying escharotics and of performing the operation requisite in many of the cases, was fully discussed. The proper time for the use of stimulating and astringent washes to restore tone to the parts, was clearly stated.

Entropium was regarded as in some measure the reverse of the last-mentioned disease. The combination of three causes was recognized in the production of Entropium. These causes were enumerated, and the agency of the orbicularis muscle in this disease was clearly manifested. The cure by operation, and its safe and thorough performance, were described. The benefits of the operation, particularly in a young subject,

were remarked to be truly surprising, both from the relief from a constant and harassing irritation, and the great improvement which is experienced in vision. A description of simple Trichiasis, or inversion of the eyelashes, and Anchylo-blepharon, or union of the eyelids, followed next in course, and the lecturer then proceeded to the discussion of the morbid affections to which the sclerotic tunic is liable. Inflammation of this texture was minutely described, and the direction and course of the blood-vessels were referred to their anatomical arrangement. The different kinds of inflammation, with the particular remedies, especially in that affection of the sclerotic which is considered as rheumatic, were pointed out. A change of texture of the sclerotic from internal chronic inflammation was described, and a case in which it was accompanied with Hydrops Oculi, was related. Puncturing, or dividing the sclerotic freely, proved in this case, as it has in many others, effectual.

DR. MOTT, OF NEW YORK.

THIS eminent surgeon has found it necessary, in consequence of impaired health, to make a voyage to Europe. A public dinner was given him by the physicians of New York, on the 10th ult. just before sailing, as a testimony of their high respect for his great professional merit. From the number of sentiments which appears to have been given on the occasion, there was a perfect unanimity of feeling, and a deep interest manifested for the restoration and future usefulness of their distinguished guest.

Dr. Hosack presided, from whose prefatory remarks to a toast, we not only gather an item in relation to himself, whose fame is almost universal, but also something equally interesting concerning the skilful operator who was the subject of such praiseworthy attentions. Dr. H. remarked:

Gentlemen—Having in a great degree withdrawn from the practice of medicine, I feel myself highly honored by your invitation to take the place your partiality has assigned me at this interesting meeting, to take our leave of a brother practitioner, who for a time proceeds to a distant climate and country in pursuit of health. I may remark that the present is an occasion of rare occurrence in the quiet and retired walks of our profession. Festivals of this nature are more usually dedicated to the man who has signalized himself in the field of battle; who has served the state and country in the great events of political life; or has become eminent by some great achievement or discovery in the arts or sciences. I might cite a long list of American worthies who have been distinguished in this manner, and have contributed largely to their country's welfare and honor. But we are now called upon to testify our great respect, and to express our unfeigned regard, for one of our citizens, who has no less elevated himself and his country by the improvements he has introduced into his profession, and by the services he has thence been enabled to render not only to his immediate fellow citizens and countrymen, but thereby also, to a certain extent, to alleviate the sufferings of mankind throughout the globe; for those services are not limited to his *native land*, but have become extensively known, and have been gratefully acknowledged by his professional brethren in every part of the civilized world, and have been the means of lessening the ills of human life, wherever those improvements have been made known and have been adopted. They have indeed thus become the property of *the world*; and by the world they will ever be appreciated and rewarded. May I not add, gentlemen, without the

charge of adulation, that while the records of medicine and surgery remain, while the memory of many of the benefactors to our country, who have signalized themselves in the profession, shall be perpetuated, the name of our esteemed guest and fellow citizen, and the important improvements he has introduced into that department of the healing art he has so successfully cultivated, will also be conveyed to the latest period of time.

I might here, gentlemen, enter into details and illustrations highly honorable to the individual, and exhibit a statement of facts, doubtless gratifying to every member of the profession present, but which time and the occasion both forbid. I may, however, be allowed to remark, that my first acquaintance with Dr. Mott, as a pupil of medicine and surgery, was formed in the year 1805. His enterprise, his habits of industry, his indefatigable labor, became familiarly known to me at that early day, and were considered as a sure presage of that success which has attended him through life. When he completed his course of study, and received the honors of his profession on this side of the Atlantic, he availed himself of the advantages of visiting the most celebrated medical schools of Great Britain and the continent of Europe. There too he became not only known by his ardor in the general prosecution of his professional studies, but he more especially attracted the notice of his teachers in the favorite departments of *anatomy* and *surgery*. To these important branches he became signally and most successfully devoted; and ever since his return to the United States, they have received his unceasing attention, both as a practitioner and as a teacher of medicine. To these facts his fellow citizens, as well as the members of the profession throughout our country, will bear their united testimony. But in consequence of an impaired state of his health, the result of the laborious practice he has undergone for nearly *thirty* years, he is now very reluctantly called upon to make the painful sacrifice of suspending his professional duties and usefulness, for the purpose of recovering that health, which has been lost by his exertions to give health and happiness to others.

Upon this painful occasion of parting with our friend, I am sure, gentlemen, you will all with one voice unite with me in expressing the most sincere wishes for the prosperity of the voyage Dr. Mott is about to undertake for the recovery of his health, a happy return to the land of his birth, to his family and friends; and, above all, his reassumption of the duties of that profession he has so long adorned, and in which he has been so usefully engaged for the benefit of his fellow men, and the advancement of surgical science.

Seeing in the Dark.—It is recorded of the Emperor Tiberius, that he could see in the dark; and M. Le-Cat informs us that there was at Parma a young woman who could see at midnight as well as at noon. Persons shut up in dark prisons soon learn to distinguish the minutest objects, the absence of the stimulus of light causing an expansion of the pupil of the eye. In the *Journal des Sçavans* for 1677, we find the case of a musician who had one of his eyes struck by a lute string rebounding, when it broke from being screwed too tensely. The eye inflamed, and the patient found, to his astonishment, that with his disorder he had acquired the power of seeing in the dark, so as to be able to read. He could only see in the dark with the inflamed eye, and not with the other.

New York Dispensary.—According to the report of the Managers of the New York Dispensary, no less than 22,444 persons have been supplied with medicine and faithfully attended to gratuitously, either at the Dispensary, or their own houses, within the last year.

Medical Prize Question.—The Medical Society of the State of New York, at its recent meeting, adopted the following as its prize question for the current year:—*The influence of trades and occupations in the United States, in the production of disease.* A premium of \$50 is offered for the best Dissertation, to be sent in by the 1st December, 1835.

University of the State of New York.—On Tuesday, the 3d of February, the regents of the university conferred the degree of Doctor of Medicine on 39 gentlemen, graduates of the College of Physicians and Surgeons of the western district.

Library of the Medical Sciences.—Part VI. of this popular and valuable work, under the editorial management of Dr. Hays, has been received. As the price is extremely low, being but fifty cents a Part, every medical gentleman in the country could afford to take a copy.

An easy process for the preparation of Mercurial Ointment.—By M. COLDEFY DORLY.—The importance of this process consists in the previous preparation of the lard, by which it acquires the property of extinguishing in a few minutes, from twenty-four to thirty-two times its weight of mercury.

The lard, previously melted, is to be poured into a vessel of large size, containing cold water, in order that it may be properly divided. It should then be placed upon a hair filter, the openings of which are moderately large, and preserved in a dry place, excluded from dust. In about fifteen or twenty days it will be capable of extinguishing seven or eight times its weight of mercury, and this faculty will go on increasing, until finally, at the expiration of some months, when it has become more rancid, and requires a greater degree of tenacity, it will be capable of extinguishing thirty-two times its weight of the mineral. It is somewhat remarkable that lard, which has become infinitely more rancid under any other circumstances, does not possess the same properties.

When it is desired to obtain a strong ointment, the author recommends the following form :

R. Adep. Preparat. ʒij.
Argentum Vivum, lb. iij.

Triturate them in a mortar of moderate dimensions, the bottom of which is ovoid. If the lard is too firm, a little olive oil may be added, and the mercury will disappear in four or five minutes, the compound assuming a gray pearly color. Two pounds and fourteen ounces of fresh lard, about three-fourths solidified, must then be added, and the whole well incorporated.

A commission appointed by the Society of Pharmacy to report on this subject, fully verified the statement of M. Coldefy.

Journal de Pharmacie.—*North American Archives.*

Medical College of Louisiana.—We learn from the Louisiana Recorder—a new periodical, of a miscellaneous character, lately commenced in New Orleans, and ably edited by J. A. Kennicott, M.D.—that the founding of the first medical school in Louisiana was announced on the 5th of January, in New Orleans, in an appropriate and eloquent address by Dr. Thomas Hunt, dean of the faculty and professor of anatomy and physiology.

MEDICAL ADVERTISEMENTS.—Booksellers, Surgical Instrument Makers, Apothecaries, and all others wishing to call the attention of the medical profession, would find it to their advantage to do it through the Medical Journal, where the class of men for whom such notices are designed would see them. Yet a majority of those who advertise, with this view, do it in a common newspaper, which probably is not seen by a twentieth part as many physicians as the Journal. In one of their own appropriate publications, it would arrest their attention, and a mutual benefit would accrue to all parties. Occasionally, a physician's effects are sold at auction—and generally at a great sacrifice, on account of the neglect to insert an advertisement where it would be most likely to meet the eye of those who would purchase at something near a just value.

Owing to circumstances entirely beyond the control of the editor, there has been considerable delay in publishing the remainder of Dr. Jeffries's lectures, but they will now soon be completed.

DIED.—In Windsor, Ct. Dr. Lot Humphrey, a revolutionary pensioner, aged 71.—In Frankfort, Ky. Dr. L. Wilkinson.—At New Orleans, Dr. H. M. Hubbard, a native of Lexington, Geo.

Whole number of deaths in Boston for the week ending Feb. 28, 23. Males, 13—Females, 10.

Of infantile, 2—lung fever, 4—drowned, 1—fits, 2—piles, 1—tumor, 1—typhous fever, 1—inflammation of the lungs, 1—consumption, 3—canker in the bowels, 1—bursting bloodvessel, 1—old age, 2.

ADVERTISEMENTS.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 1, 1834.

TO PHYSICIANS.

A GOOD situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to.

March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay.

February 18.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydro-static, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 1, 1835.

cpff.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 11, 1835.

[NO. 5.]

THE HOSPITALS OF PARIS.

THE establishments for the relief of the sick and infirm at Paris may be distinguished into two kinds,—one consisting of the hospitals, properly so called ; the other comprising what are denominated “hospices,” or houses for the reception of infants, and of old people who are affected with diseases supposed to be incurable.

There are fourteen hospitals scattered in different parts of the city, and of these the most extensive, the oldest, and the most celebrated, is the *Hôtel Dieu* ; next in rank to the *Hôtel Dieu* comes the *Hopital de la Charité*, in the rue Jacob ; and then follow *La Pitié*, in the rue Copeau ; *St. Louis*, rue St. Louis ; the *Hopital des Enfants Malades*, and the *Hopital Necker*, situated next to one another in the rue de Sevres ; the *Hopital St. Antoine*, rue du faubourg St. Antoine ; the *Hopital Cochin*, rue du faubourg St. Jacques ; the *Hopital Beaujon*, rue du faubourg St. Roule ; the *Hopital des Veneriens*, sometimes called the *Hopital du Midi*, or the Capucins, rue des Capucins ; the *Hopital des Enfants Trouves* ; the *Maison Royale de Santé*, rue du faubourg St. Denis ; the *Maison d'Accouchement*, or *La Maternité* ; and, finally, the *Clinical Hospital of the Faculty*, Place de l'Ecole de Médecine, which has been opened within the last few weeks.

The *Hospices* are eight in number ; the two chief are *Salpetriere* and *Bicetre*, containing, one 5400 beds, the other above 3000. Besides these two immense establishments we have the *Hospice des Incurables Hommes* ; the *Hospice des Incurables Femmes* ; *L'Hospice des Menages* ; *L'Hospice des Orphelins* ; *L'Hospice de la Rochefoucault* ; and *L'Institution de St. Pierre*. Before entering on a description of each hospital in particular, we shall give a few statistical observations on these establishments in general, for most of which we are indebted to a work lately published by M. Milne Edwards.

The number of patients admitted into the civil hospitals of the city of Paris in 1807 was 37,473 ; in 1817 this number amounted to 41,000 ; and in 1827 it had reached the sum of 53,000 ; the average admittances for seven years between 1819 and 1825, was 47,166, giving a proportion of 1 to 48 of the whole inhabitants of the city.

The average duration of time which each patient remains in the hospitals is 35 days, and the mortality is as 1 to 8.37.

The expense of keeping up the hospitals and hospices, which is defrayed by a few legacies, but chiefly by taxes raised on the theatres, on the pawnbrokers' shops, &c., amounts to about 2,700,000 francs for the former, and 3,000,000 for the latter, or 1,080,000 and 1,200,000 pounds

sterling ; and each patient costs in the hospitals one franc fifteen sols, in the hospices one franc seventeen sols, per day.

The hospitals and hospices are under the exclusive direction of a committee called the "Council General of Hospitals," named, we believe, by the government, and at present composed of the Prefects of the Seine and the Police, the Dean of the Faculty, the President of the Chamber of Deputies, and five or six marquises, dukes, barons, and commoners. The executive part is entrusted to a "commission administrative," and each principal hospital has an agent *de surveillance*, who lives in the establishment, and who directs all the interior concerns, the police, expenses, &c. The surgeons and physicians of the hospitals are appointed by the Minister of the Interior, on the recommendation of the Council General, who send in to him a list of three names, usually selected from the medical officers of the *Bureau Central*. However, from a late incident it would appear that the Council General assume the nomination, and only refer to the Minister on special occasions. To fill the office of head physician the candidate must be at least fifty years of age, and have been employed during ten years, in the civil or military hospitals ; for physician it requires forty years of age, and twelve years of doctorate. The pupils attached to the hospitals are distinguished into *internes* and *externes*.

The *internes* have the charge of the patients during the absence of the medical men. They are bound to make the evening visit, administer any pressing assistance which may be required on the moment, keep an account of the cases, &c. The *internes* are appointed by concours, from candidates of all nations. Their office lasts generally for four years. They are lodged, and have about 20*l.* per annum, fire, &c.

The *externes* are also chosen by concours. Their duty is to aid and supply the *internes*. Besides this, each medical officer is attended during his visit, by an *elevé en pharmacie*, who acts as apothecary. And in the four hospitals where the cliniques of the faculty are given, there is a *chef de clinique*, whose duty it is to collect observations, and make the autopsies, &c., for the professor. They are appointed by the dean, and have 20*l.* per annum, with lodging. Finally, the duty of nurses is performed by the *sœurs hospitaliers*, better known as Sisters of Charity. There is about one to every five or six patients.

Patients, desirous of being admitted into the hospitals, must address themselves to a committee, who sit near the *Hôtel Dieu*. This, the *bureau central*, is composed of twelve physicians and six surgeons, all chosen by concours. They examine the patients, and give them tickets of admission to their special hospitals ; but in any case of emergency the patient is admitted by the agent *de surveillance* on the advice of the interne.

HOTEL DIEU.

This is the largest and most ancient of the Parisian hospitals. The two immense ranges of building which compose it, are erected, one on each side of the bank of the river Seine, and are connected together by a covered wooden bridge. The great mortality which formerly prevailed in this hospital was attributed to its unfavorable situation ; but other

causes, of a different nature, which are now happily removed, contributed in a much greater degree to this result. As late as the middle of the last century, the patients were crowded together, without any distinction of disease, or any regard for the consequences which invariably arise when sufficient space is not allowed for a free circulation of fresh air through the wards. At that time the hospital was surrounded by houses; the number of beds was double what it is at present; patients affected with contagious diseases and mental alienation, the old and infirm, lying-in women, in short, those laboring under every possible disease, were indiscriminately admitted, and crowded together, four in each bed, and on some occasions six, or even more.

But these and many other abuses have been long since removed; and the Hotel Dieu is now not only the hospital where the patients are best treated, but one of the most healthy in the capital.

The number of beds amounts to a little more than 1000; and the service of the hospital is administered by three surgeons, ten physicians, nineteen internes, and eighty-four externes and *eleves en pharmacie*. In the year 1833, the number of patients admitted was 16,992, of whom 1783 died, giving a mortality of 1 to 9.5. Adynamic fevers and hospital gangrene, once so frequent, are now rarely seen; but inflammations of the internal viscera are very frequent after surgical operations. For the last fifteen years the body of every patient who died in the hospital has been carefully examined; and the autopsies have clearly shown this remarkable circumstance, that the greater number of those cut off during the after-treatment of surgical disease, fell victims to an inflammation of the chest, abdomen, or some other internal viscus; hence general and local bleeding, refrigerants, counter-irritants, &c., are very generally used; while, for nearly 3000 patients, not more than a pound of bark internally, and a few pounds externally, are consumed during the course of the year.

The surgeons of the *Hotel Dieu* are MM. Dupuytren, Breschet, and Sanson, who divide between them about 224 beds. It is unnecessary for us to say anything of the first, who is already sufficiently known as one of the most distinguished surgeons in Europe. Before his late illness, M. Dupuytren used to lecture five times a week, and spend at least four or five hours per day in the hospital; his methods of treating artificial anus, spots in the cornea, gangrena senilis, &c. are familiar to every one.

During the year 1822, 280 cases of fracture were treated in the hospital, almost all by simple position of the limb; and fractures of the neck of the femur and humerus, exclusively in this manner. During the same year there were 111 amputations of limbs or tumors; 62 operations for cataract; 33 for strangulated hernia, and 8 for stone. The amputations are generally made with the circular flap; the cases of hernia are operated on at a very early period, and the operation of depression is the favorite one for cataract. The operation for the stone succeeds, according to M. Dupuytren's account, in five-sixths of the cases; for hernia, in three-fifths; for cataract, in seven-eighths; and that for fistula lachrymalis, by the introduction of a canula of gold or platinum, in nineteen-twentieths.

M. Breschet, the second surgeon, is also well known by his works on comparative and pathological anatomy ; he has lately introduced a new method of treating varicocele by compression ; the good effects of which may be daily seen in his wards.

M. Sanson, in addition to his clinical lectures, has also established, at the hospital, a clinique for diseases of the eye.

The medical service comprises ten physicians, who have between them 776 beds : the number of patients in the medical wards amounts to about 9000 per annum ; and the mortality is as one to thirteen. Of the physicians, we can only mention M. Chomel (who delivers an excellent clinique three times a week, and who is favorably known by his works on general pathology and typhous fever) ; M. Magendie and M. Recamier ; the latter practitioner employs, with much success, compression, in the treatment of cancerous affections, and is a strong advocate for cold affusion in cases of fever. Besides the clinique of M. Chomel, which he delivers as Professor to the School of Medicine, MM. Piorry and Trousseau lecture three times a week on the patients confided to their care.

[To be continued.]

EJECTION OF A STONE FROM THE RIGHT BRONCHUS, BY EMETICS.

BY CHARLES J. H. RAY, OF TONBRIDGE, ENGLAND.

JONATHAN BUMPSTEAD, a delicate-looking boy, ætat. 10, was on the 20th of August in perfect health. While rolling upon the grass that day, in sport, and having a stone in his mouth, he attempted to call out, when the stone suddenly disappeared from the mouth, and produced by its new position an immediate sense of suffocation, succeeded by frequent and violent paroxysms of coughing, dyspnœa, profuse perspirations, and complete inability to lie in the horizontal posture. Several practitioners were forthwith consulted, and aperients with other means were prescribed, in the hope of obtaining the passage of the stone, but without effecting that object, or in any way mitigating the distressing symptoms. I first saw him early in November, about twelve weeks after the occurrence of the accident, and feeling much interested in the case, from the preceding history, I was induced to pay attention to it, as it was then evident that his constitution could not long bear up against such continued suffering. He was much emaciated, had repeated fits of coughing, with copious frothy expectoration and dyspnœa ; he was unable to run, or to walk fast, appeared much distressed in ascending the stairs, and could not lie in the horizontal posture ; his pulse was small and frequent ; tongue whitish ; bowels regular ; urine scanty and high-colored ; perspiration profuse. He complained much of thirst, and felt a disinclination for nourishment. On auscultating either side, the loaded mucous rattle, so characteristic of sub-acute bronchitis, was distinct ; but in the right superior thoracic region a peculiar loud wheezing, as though caused by some uncommon obstruction, was evident. I marked the exact situation on his chest, with ink, where this peculiar sound appeared to originate, and on frequent subsequent explorations found it to be stationary. Consider-

ing the horizontal position of the body at the time of the stone passing from the mouth to have been favorable to its entering the trachea, with the inclination of that passage to the right side as it enters the chest, as also the increased size of the right bronchus when compared with the left, I felt satisfied that it must have taken that uncommon course, and was there producing the peculiar loud wheezing which I have described. I proposed a perseverance in the use of emetics, as alone likely to prove serviceable. This was willingly acceded to, and he commenced with the tartrate of antimony and ipecacuan, in full nauseating doses every other morning. Finding, however, that these produced much after-excitement, I discontinued their use, and suggested the employment of the sulphate of zinc, which answered my intent equally well, without producing the same unpleasant consequence. This plan was persevered in every other morning, for nearly three weeks, when, after having taken a full dose attended with violent retching, he ejected the stone, to the comfort and delight of himself and his friends, who instantly apprized me of the circumstance, bringing the stone with them, which I have now in my possession. In size and shape it much resembles a small date stone, and weighs half a drachm. The following day, on applying the stethoscope over my *ink mark*, I could discover no obstruction as before the ejection of the stone, nor any variation from the opposed side. He complained of considerable heat in the chest after the stone was removed, but he can now lie in the horizontal posture, run up-stairs without inconvenience, has little or no cough or expectoration, and appears to be rapidly convalescing, after about sixteen weeks of severe suffering.—*Lancet*.

A SINGULAR CASE OF DISLOCATION OF THE LENS IN BOTH EYES.

BY JOHN WATSON, M.D. OF NEW YORK.

BENJAMIN WILCOX, a seaman, in the New York hospital, born in New England, aged 30, has had a tremulous irides as long as he can recollect. His sight has always been weak. About ten years ago he received a blow from a rope which brought on inflammation. Since the receipt of the injury, these frequent attacks have materially injured his vision, and for the last seven years this eye has been of little use, although there is still a slight degree of vision remaining. The cornea is clouded, and the whole anterior chamber has a dull bluish cast. But what is most singular, is, that when he entered the hospital, May 20th, 1832, the lens was discovered in the anterior chamber of the aqueous humor, floating before the relaxed and tremulous iris. On the day subsequent to this, no appearance of the displaced lens was to be discovered. For dilating the pupil the eyelids were besmeared with the dilute extract of stramonium, and again on the second day after admission the lens was found floating in front of the iris; it appeared to have lost its translucency. The patient was directed to recline backwards; and in doing so, the lens also fell backwards into its natural situation. Until within a few days of his admission, the patient was ignorant of this condition of his left lens; but he stated that for three and a half years he had had a similar displacement

of the lens of the other eye ; but at present the right eye is clear, and in every respect appears perfect, with the exception of the tremulous condition of the iris as before noted ; yet the patient has very imperfect vision in this organ, for although it is more useful to him than his left eye, he has still not sufficient light to distinguish letters even of the largest print. The lens of the right eye, as he says, disappeared from the anterior chamber a few days before he entered, and it has not since fallen forward ; according to his own report, he can plainly discover it, apparently like a bright round spot in one corner of the eye. Both irides are nearly immoveable by this impression of light, yet the pupils do contract just sufficiently to be observed when the eyes are suddenly opened. There appeared to be no reason for doubting the patient's statement in relation to his right eye. Thousands, he says, have examined it, and many physicians of New England have taken minutes of his case. They have probably not noticed the like affection of the right eye, owing to the dimness of the cornea. His first notice of this peculiar affection was a severe and sudden pain in the eye while he was stooping forward. On requesting some one near him to look into the eye, he was informed that a little bag of water hung immediately before the sight. He lay down, covered his face with two or three folds of a handkerchief, and all at once the pain subsided, and the little bag of water disappeared. Subsequent to this, whenever he stooped, especially if in a dark place, or during a dark day, the lens would fall forward. In clear weather this was not the case, and on cloudy days, if the lens was not down, he could at will displace it, and this he was often induced to do, to satisfy the curiosity of his friends, or of strangers. But while the sun shone, or in a strong light, he could not do this. While the lens is down, there is always pain in the eye. We have tried the effect of convex glasses, and his sight is much better when he wears them. He is a stout, healthy man, and has never suffered from any constitutional disease. He had visited the Eye Infirmary prior to admission, but neither there nor at the Hospital was it considered proper to attempt any operation for his relief.

Note.—For another case of the preceding affection, see *Medico-Chirur.* April, 1833, page 299, from Damour's.

United States Medical and Surgical Journal.

A CASE OF ENCYSTED TUMOR SITUATED IN THE BICEPS-CRURIS MUSCLE.

BY J. P. NETTAUER, M.D. PRINCE EDWARD COUNTY, VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE case which forms the subject of this communication, had existed about fifteen years. The patient, at the time the operation was performed, was about fifty years of age, of sound constitution and good general health. The history furnished (by the patient himself) was, that about fifteen years ago, while sustaining a heavy weight, he felt something give way in the thigh, a little above the ham, causing him to sink under his burthen ; attended with severe pain at the time, and succeeded by lame-

ness of some days duration, with evident and well-defined soreness about the spot. The soreness as well as the lameness subsiding after a week or two, no further notice was taken of the injury for several months. At this time a small tumor was discovered, and seemed to occupy exactly the situation in which the sensations of giving way and pain had been felt. When first perceived, the tumor was about the size of a nutmeg, hard, and regularly formed. From this period it enlarged progressively, but slowly, impairing the motions of the limb, and becoming more and more painful as it increased in size. About a year before the tumor was removed, its growth was rapid, and it was very painful at times.

When I examined the case, an enlargement presented, fully eleven inches in length, and four or five in thickness, of unequal surface and very firm and elastic. The tumor occupied fully three-fifths of the biceps-flexor-crisis ; extending, by a bagging elongation, below the ham. Long pressure in the ham had interrupted the circulation so as to dilate the veins below it, which in many parts of the leg, were in a varicose state. The motions of flexion and extension, though they varied its firmness and prominence, did not materially change the position of the tumor ; it was less fixed and hard when the limb was flexed, and could also be made to glide from side to side when in this position.

The magnitude of the tumor, its progressive and rapid growth, together with the increasing pain and helplessness of the limb, determined me to attempt its removal, which was executed as follows. The patient was extended on a long table, with his back uppermost. A longitudinal incision was now made, commencing two inches above the femoral extremity of the tumor, and continued three inches below the ham. A transverse section was next made on one side, a little exterior to the outer margin of the biceps. These several incisions were carried cautiously through the integuments and cellular substance until the surface of the tumor was distinctly perceived. The flaps were then dissected back on each side low enough to expose the whole of it, as far as its imbedding between the hamstrings would permit. Upon a careful examination of the surface of the tumor now, it was discovered that muscular fibres, greatly extended and attenuated, formed its surface ; and by tracing the tumor, it was ascertained that the biceps-flexor-crisis was its exclusive seat. Some embarrassment and perplexity was here experienced as to the nature of the case. The idea that the muscle might be in a state of hypertrophy afforded the best, but not a satisfactory explanation. It was, however, determined to cut into the tumor in the direction of the fibres of the muscle, to ascertain, if possible, its nature. Accordingly the scalpel was introduced, by cautious dissection, and its entrance into a cavity was announced by the gush of blood and a thick fluid of a brownish complexion. The opening being enlarged sufficiently to admit the finger, its introduction discovered the existence of an extensive cavity. The semi-fluid which had continued to issue being now carefully pressed out, the opening was enlarged by extending the incisions quite to the extremities of the emptied cavity. After sponging out the wound, it was ascertained that a cyst, varying from one quarter to one half of an inch in thickness, bounded the cavity in which the matter had been confined. The next step in the operation was to dissect away the cyst, which was accom-

plished with some difficulty on account of its great extent and deep imbedding between the hamstrings. Its removal was, at length, effected; and upon examining the cavity from which it had been taken, it was satisfactorily ascertained that the cyst had been surrounded and covered in every part by the fibres of the biceps, and that the tumor must have originated within the belly and substance of the muscle. The cavity was cleared of blood; and as no arterial jets could be perceived, ligatures (of course) were not required, the bleeding being only of the oozing character. The flaps, which had been turned back, were now brought together and retained in apposition by stitches of the interrupted suture, supported by adhesive straps, compresses and bandages.

The man suffered much during the operation, became faint, and required diffusible stimulants to restore the exhausted and sinking energies. Reaction came on after a short time, and the patient became comfortable, except the usual pain and smarting always succeeding surgical operations. Little traumatic fever followed, scarcely exceeding the elevated excitement of health. The pain of the muscle continued for some days. In six days the dressings were removed; at which time, most of the wound had united by the first intention. In ten days from the time of the operation, the wound had healed, except a part of one of the flaps, which from its extent, extreme thinness, and feeble circulation, became gangrenous and sloughed. At the date of this communication the man is well.

Remarks.—In the foregoing case there can be little reason to doubt that the tumor originated in rupture of some of the central fibres of the biceps-cruis, and that the accident must have occurred when the sensations of pain and giving way were first felt in the thigh. It is also very probable that effusion of blood took place at the same time into the cavity of the wound, which we may suppose was formed by retraction of the ruptured fibres of the muscle. The cyst which bounded the tumor, and constituted the parietes of its cavity, must have resulted from coagulable lymph, effused by the capillaries of the wounded and newly created surfaces during their adhesive efforts in a state of inflammation. Poured out from, and deposited upon these irritated and inflamed surfaces, the lymph became organized (as in ordinary cases, when it is the bond of union of divided parts), simply by elongation and extension into it, of the arterial and nervous capillaries of the supporting textures. But, in the present case, the surfaces not being allowed to approximate and reunite, in consequence of the contractions of the biceps, from the unrestrained motions of the limb, and the effused blood, the lymph became organized upon the surfaces of the wound, and formed into a membrane. Once formed, the actions of the cyst were maintained by an independent interstitial and irritative vitality, presiding over its economy, which, though feeble and imperfect, effected (nevertheless) its farther development and growth; and enabled it, likewise, to resist the absorbing powers of the surrounding textures. The internal surface of this newly-formed membrane possessed, also, absorbing and secreting properties; and to the latter, the fluid (which filled the cavity and mainly influenced the enlargement of the tumor) must be attributed.

A cyst formed according to these views, may be regarded as a decidu-

ous membrane, originating from inflammation induced in unnatural or accidental surfaces, kept asunder, disturbed and irritated, during the efforts of the adhesive inflammation. That such was the process in the formation of the cyst and tumor, of the preceding case, is at least probable.

The accident which originated the foregoing case is one of not very infrequent occurrence. I have myself known several instances of it; but a similar result has never before been witnessed by me. Having once been followed by troublesome, nay, dangerous consequences, the accident might again present a case similar or even of a more serious character. For this reason chiefly the case has been regarded as fraught with some interest, and communicated to the medical public with the following remediate suggestions.

After all such accidents it might be advisable to restrain the patient, as in cases of fracture; to support the injured parts with compresses, rollers and splints; and to maintain such confinement as the severity of the case may seem to demand. Should fever, or any other constitutional disturbances, occur, they should be promptly met by appropriate remedies. Every measure calculated to promote reunion should be adopted and rigidly enforced.

February 18, 1835.

MEDICAL QUESTIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Reports not unfrequently reach us of certain individuals who have fallen victims to a prescribed course of regimen. These persons are said, by gentlemen who are entitled to the fullest confidence, to have pertinaciously followed the course till they reached a point of reduction from which there was no recovery. If these are facts, they ought to be collected and published. And I beg leave, through your Journal, to request my medical brethren, if they have been called to advise in such cases, that they will have the kindness to answer, briefly, the following interrogatories, by mail, as early as convenient.

Should the substance of their replies ever be embodied in a small volume, they will not only receive a copy and the thanks of the author, but will have the pleasure to know they are assisting in the settlement of a question of great interest to the country. If it should appear probable that their patient was laboring under a decline at the commencement of the change of diet, this ought in candor to be fully disclosed.

It will be perceived, by the tenor of the questions, that they are designed to embrace not only unfortunate results of a change of diet, but such as are favorable. There are, in our community, considerable numbers who have entirely excluded animal food from their diet. It is exceedingly desirable that the results of such experiments, so difficult to be found in this land of plenty, should be ascertained and thrown before the profession and the community. Will physicians, then, have the kindness, if they know of any persons in their vicinity who have excluded animal food from their diet for a year or over, to lend them this number

of the Journal, and ask them to forward to Milo L. North, Hartford, Conn. as early as convenient, the result of this change of diet on their health and constitution, in accordance with the following inquiries.

1. Was your bodily strength either increased or diminished by excluding animal food from your diet ?

2. Were the animal sensations, connected with the process of digestion, more—or less agreeable ?

3. Was the mind clearer ; and could it continue a laborious investigation longer than when you subsisted on mixed diet ?

4. What constitutional infirmities were aggravated or removed ?

5. Had you fewer colds or other febrile attacks—or the reverse ?

6. What length of time, the trial ?

7. Was the change to a vegetable diet in your case preceded by the use of an uncommon proportion of animal food, or of high seasoning or of stimulants ?

8. Was this change accompanied by a substitution of cold water for tea and coffee during the experiment ?

9. Is a vegetable diet more—or less aperient than mixed ?

10. Do you believe, from your experience, that the health of either laborers or students would be promoted by the exclusion of animal food from their diet ?

11. Have you selected, from your own observation, any articles in the vegetable kingdom as particularly healthy or otherwise ?

N. B.—Short answers to these inquiries are all that is necessary ; and as a copy of the latter is retained by the writer, it will be sufficient to refer to them numerically, without the trouble of transcribing each question.

Hartford, February 25, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1835.

STATE LUNATIC HOSPITAL AT WORCESTER, MASS.

WITHIN a few days, a friend has kindly sent to our address the second annual report of the superintendent of this humane institution, Samuel B. Woodward, M.D. It includes the time between Dec. 1st, 1833, and Nov. 30th, 1834, and is well worth the perusal of the professional, as well as the general reader.

From an accurately drawn tabular statement, appended to the treasurer's report to the Executive, it appears that during the period adverted to, *two hundred and seventy-two* lunatics were received at the hospital. Of this catalogue, it is curious to remark that *one hundred and thirty-seven*, two more than one half of the whole, were single persons ; and only *fifty-seven* out of the whole number, had husbands or wives living at the time. Careful observation has long since demonstrated the fact that the unmarried, both male and female, are more liable to become insane, from all causes, than the married.

It is no less interesting, in a statistical view, that exactly *twelve widows* and the same number of *widowers*, were inmates of the asylum ; but the causes producing insanity in the two, were widely different. The widows were lunatics, mostly, from an *unknown* cause ; the widowers, on the other hand, in a majority of cases, became insane by excessive drinking.

The most frequent cause of insanity in the ancient Commonwealth of Massachusetts, the land of the pious pilgrims—and with shame it is spoken—is *intemperance*, that horribly debasing vice, which saps the foundation of reason, and makes man a beggar, a brute, a criminal, a fury, and everything, in turn, which is loathsome and abominable in the estimation of a virtuous mind.

The next, assuming to become one of the principal causes of insanity, in a cultivated, intelligent, christianized community, strange as it may appear, has its origin in the very lowest propensities of animal nature ; and it is therefore the more shocking to reflect upon the sad havoc which is continually made of both body and soul by this solitary vice, that invariably prostrates the physical and intellectual powers, and leaves the self-polluted wretch, in the sequel, a burden to himself and a reproach to our imperfect systems of moral education.

We admire the plain, business-like paper of the trustees, who present at once a chart of all that is important to be known.

“The class of *incurables* now embraces, and probably always must embrace, a large proportion of all the inmates of the hospital. This fact is an important one in reference to the success of the Institution. Of the whole number, *one hundred and eighteen*, in the hospital, over *seventy* belong to this class. Whilst the return of so large a body of our fellow-beings to the bosom and business of society, is for the most part hopeless, the State may well console itself with the reflection that their condition here is very essentially improved. The maniac of the most ferocious character, has here been, not indeed cured, but tamed and restored to the comforts and decencies of life.”

In the following extract they have certainly given the higher authorities of the State some valuable information, for which physicians will feel equally obliged.

“During the past year, *one hundred and nineteen* patients have been received into the hospital ; of these, *fifty-five* were old cases, and *sixty-four* recent ones. In the same period, *one hundred and fifteen* have been discharged ; of these, *forty-nine* were old cases, and *sixty-six* recent ones. Of those discharged, *sixty-four* were cured—*twenty-two* improved—*sixteen* stationary—*four* idiotic—*eight* have died, and *one* has eloped. The cures amount to *fifty-five and three-fourths* per cent.

By an examination of the tables of *fourteen* French, and *twelve* English hospitals, only *two* are found—one English and one French—in which the proportion of cures is a very little larger : and both of these were private institutions, where a selection of patients could be made. In *five* American hospitals, running through a period of more than one hundred years, the proportion of cures is less.

Of the *forty-nine* old cases, discharged during the year, *ten* have been cured, *sixteen* improved, *fourteen* are stationary, *four* have died, and *one* has eloped—the cures amounting to *twenty and a half* per cent.

Of the *sixty-six* recent cases, *fifty-four* have been cured, *six* improved,

two stationary, and four have died—the cures amounting to *eighty-two and a quarter* per cent.

The average of recoveries in this hospital (55 3-4 per cent) may very properly be contrasted with that of several foreign public hospitals. In *thirteen* in Great Britain, the average is 35 per cent. In *five* French hospitals, it is 43 per cent. In *four* in Germany, it is 31 per cent.

The average number of patients in this hospital, during the year, has been *one hundred and seventeen*. Of these *eight* have died, which is a proportion of *one in fourteen and five-eighths*, or 6 4-5 per cent. In French hospitals, where the tables have been examined, the average of deaths is *twenty-two* per cent ; and those of England *twenty-four* per cent.

The number of town paupers in the hospital, at the close of the year, was *forty-seven* ; and of State paupers, *thirty-two*. *Eleven* have been received during the year by order of the higher courts. Of the *two hundred and seventy-two* patients, that have been in the hospital, *one hundred and sixty-three* were admitted by judicial authority, and *one hundred and nine* were private patients ; *one hundred and sixty-five* were males, *one hundred and seven* females. *One hundred and seventeen* were recent cases ; *one hundred and fifty-five*, old ones. Of the *thirty-six* charged with high offences, who have been committed to the hospital since it was opened, *eighteen* attempted homicide, and *nine* actually committed the crime.”

New edifices are undoubtedly required, in order to meet the original design of the legislature, and the constant demands upon the institution.

“ It has already been stated, that the hospital has been constantly full during the past year. For a period of *five* months, an accurate record was kept of the number of applications for admission. The whole number was *ninety-three* : of these, *forty-seven* individuals were received, and *forty-six* were necessarily rejected for want of room. Within the main building, consisting of six extensive galleries for the accommodation of the inmates, it is found impossible to maintain the classification which is desirable and important. The proportion, too, of males to females, being very nearly *two to one*, renders it necessary to bring the latter together in two of the galleries, making thereby the classification still more incomplete. Convalescents are compelled to intermingle with the unquiet and excited, and many inconveniences are felt, which cause the appliances of art and skill to be less promptly effectual, than they would be under other and more favorable regulations. These inconveniences may be remedied, and the general arrangements of the hospital be improved, by the erection of two additional buildings—one for the reception of convalescents, and the other for the incurable.”

For the support of the entire institution the past year, which reflects so much honor on the wisdom and humanity of the State, only \$18,972 87 were required. There is but *one mean piece of economy* discoverable in the whole establishment, which for the credit of the State government should in future be kept out of sight—viz. allowing Dr. Woodward, the able and scientific superintendent, the pitiful sum of *twelve hundred dollars* for a salary ! If the doctor should again commence private practice, his income would be worth five thousand dollars a year to begin with.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THE *Fourteenth Lecture* treated of Hypopium, or deposit of matter in the anterior chamber of the eye. Three sources were assigned from which the matter might be formed ; and in either case, inflammation of a grave character was always present. The nature of the discharge was remarked by the lecturer to vary in different cases, and was probably dependent upon the seat and degree of the inflammation. Having detailed the symptoms usually attendant upon hypopium, Dr. Jeffries proceeded to point out the rational principles upon which the treatment should be conducted. Active and efficient treatment was strongly urged, and strict attention on the part of the patient. The illustration of this disease was concluded with the relation of a case in point.

Staphyloma.—Having given a concise definition of the term, the lecturer proceeded to state its history and treatment. Two forms of Staphyloma were recognized, under the names of Conical and Spherical Staphyloma, and the mode of formation of each kind was described. The fallacy of the treatment which depends upon the application of escharotics, and upon scraping the cornea with a view of removing this disease, was made apparent. The radical cure of Staphyloma was clearly shown to be excision of the diseased parts. The nature and manner of performing the operation were fully explained, and evinced a thorough and practical acquaintance with the subject on the part of the lecturer.

Some interesting cases of Congenital Staphyloma (a rare occurrence) were related, after which, the remaining portion of the hour was devoted to the subject of granular lids with vascular cornea. The importance and frequency of this sequela of acute conjunctivitis with purulent discharge, was commented on ; and the nature of the disease, as well as the mode of examination in such cases, were particularly described. The character of the discharge from the diseased lids was noted as peculiar, and a description was given of the appearance of the eye, with the train of distressing symptoms invariably attendant. The effect of the disease upon the general health of the patient was noticed, when Dr. Jeffries proceeded to the details of the treatment. The treatment recommended and pursued daily at the Infirmary with success, at first had in view, he stated, the removal of all inflammatory symptoms, and then of the immediate cause of the irritation. The means for fulfilling the latter indication were pointed out, and some very important observations were made upon the operation of division of the enlarged vessels upon the sclerotic conjunctiva.

A MEDICAL EDIFICE.

IN the doings of the Mayor and Aldermen of Boston, the last week, is noticed an application in behalf of the Massachusetts Medical Society, to purchase the Adams School House, located in Mason Street, for the use of the Society. We know not with whom this scheme originated, but we are bold to say, that, for the honor of the Society, we hope no such bargain will be made. The proposition presupposes the actual possession of a sum of money large enough to provide the Society with proper accommodations. Let a building therefore be erected in some central place, the architectural exterior of which shall give evidence of its origin in a

civilized age, and not run hap hazard into a miserable contract for a gloomy old school house, crowded in behind the kitchens of Colonnade Row. Surely, the actual cost of fitting up that barricaded edifice would drag heavily upon the treasury ; and when all was done, it would be anything but a convenient or beautiful structure. It is evident that a small building only is required—for what is there in the archives of the Massachusetts Medical Society, either so bulky or so precious as to demand a colossal house to shelter it ? Nothing—and economy, as well as good taste, clearly shows that the Adams School House is not a desirable acquisition. When the fellows come together at the annual meeting, they will look into the matter with argus eyes—and select, too, so it is opined, a spot within this enterprising city in which the solar rays can reach a window, and the country members discover the front door without the vicarious aid of a branch pilot.

Editorial Dignity.—The well-known editor of the London Lancet has been elected a member of Parliament from the borough of Finsbury. This is an unusual distinction for a medical man, and seems, from the address of the gentleman to the independent electors, his constituents, to be particularly gratifying to his ambition.

Small Bleedings.—Prof. Thompson, in his sixth lecture at the North London Hospital, remarks, that the abstraction of a small quantity of blood does not debilitate ; on the contrary, by unloading the minute overburdened vessels, it restores their activity, and thence, often, the best mode of making a man plethoric, is to bleed him moderately every alternate day.

Bad tendency of Rest in Inflammation.—In a very ingenious paper on the influence of the antiphlogistic system in the treatment of diseases, by Henry Searle, Esq. surgeon, of Kensington, under date of Jan. 17th, he expressly declares that *rest* is injurious in cases of inflammation. In health, *exercise* is allowed to give general circulation to the blood ; and in disease, it decidedly tends to prevent or correct the local accumulation of blood at the seat of the phlegmasia. *Rest* is, therefore, improper, so long as the invalid is capable of attending to his usual avocations. To this doctrine we fully subscribe, though it is the first time we have found good authority sustaining an opinion long since adopted.

Cholera in Marseilles.—Though considerable alarm is manifested in that city, which has not been wholly free from the disease since its first appearance there, no cases had occurred, at our last accounts, in any of the prisons or hospitals ; nowhere, in fact, but in the lowest abodes of wretchedness and filth.

Use of Caustic.—On the 5th of January, at a meeting of the Academy of Sciences, M. Tauchon presented a new instrument for introducing caustic into the urethra. We take no sort of interest in knowing how it is constructed, fully believing caustic never ought to be inserted there, and that it would, under any circumstances, be just about as safe to thrust in a red hot wire, as caustic.

Record of Meteorological Observations for February, 1835.

1835 Feb'y	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	29.00	35.00	30.50	29.35	29.55	29.450	Cirri	NW		& S W. Th. 26° at 9h a.
Mon. 2	24.00	20.00	20.00	29.60	30.08	29.840	"	"		C.c.s. m. Th. 16 at 9h a.
Tues. 3	10.50	21.00	15.00	30.20	30.25	30.225	Cumuli	"		Ther. 9° at 9h a.
Wed. 4	2.50	10.00	6.25	29.90	30.10	30.000	"	"		"
Thur. 5	4.00	23.00	13.50	29.88	29.92	29.900	"	SW		0 m.
Frid. 6	13.50	30.00	21.75	29.85	29.95	29.900	Cir. c. strat.	NE	.30	Snow [9h a.
Satur. 7	21.50	32.00	23.50	29.58	29.68	29.630	Cumulus	SW	.01	Slight snow. Th. 15° at
Sun. 8	3.50	13.00	8.25	29.55	29.75	29.650	Cumuli	"		A severe gale
Mon. 9	4.00	23.00	13.50	30.05	30.10	30.075	Cirrus	"		"
Tues. 10	7.00	24.00	15.50	30.12	30.15	30.135	"	NW		Stratus, m.
Wed. 11	6.50	31.00	18.75	29.75	30.02	29.885	Cirro cumuli	SW	.10	Snow, a.
Thur. 12	17.00	27.50	22.25	29.72	29.85	29.785	Cumuli	NW		"
Frid. 13	15.00	38.00	26.50	29.70	29.85	29.775	Cir. c. strat.	SW		0 m.
Satur. 14	31.50	33.00	25.50	29.90	30.40	30.150	"	NW		Ther. 18° at 9h a.
Sun. 15	7.00	16.50	11.75	30.45	30.50	30.475	"	"	.02	Snow
Mon. 16	14.00	28.00	21.00	30.28	30.40	30.340	"	"	.10	Hail and snow
Tues. 17	25.00	31.50	28.25	29.90	30.25	30.075	"	"	.40	Rain and sleet
Wed. 18	30.00	25.00	27.50	29.65	29.78	29.715	"	"		N E, m.
Thur. 19	31.00	42.00	36.50	29.70	29.95	29.825	"	"	.10	C. a. Snow, m.
Frid. 20	29.00	40.00	33.25	30.20	30.38	30.290	Cirri	"		Ther. 20° 50 at 9h a.
Satur. 21	27.00	42.00	34.50	29.95	30.30	30.125	Cir. c. strat.	SW		"
Sun. 22	35.00	50.00	42.50	29.68	29.92	29.800	"	"		"
Mon. 23	36.00	34.00	33.00	30.05	30.30	30.175	"	NW		Ther. 30° at 9h a.
Tues. 24	30.00	33.00	31.50	30.30	30.34	30.320	"	"		"
Wed. 25	30.50	28.50	34.50	29.93	30.30	30.115	"	SW	.01	Slight snow, m.
Thur. 26	27.00	33.50	28.25	29.93	30.05	29.990	"	NW		Ther. 23° at 9h a.
Frid. 27	14.00	15.50	13.50	29.75	30.05	29.900	"	"	.55	NE, m. C. m. Snow. Th.
Satur. 28	4.50	20.50	12.50	29.75	30.00	29.875	Cumuli	"		NE, m. [12° at 9h a.
Aggreg.	18.91	28.58	23.180	29.88	30.08	30.0718	Cir. c. strat.	NW	1.59	

RESULT.—Mean temperature, 23.180. Maximum, 22d, wind SW, 50.00. Minimum, 4th, wind NW, 2.50. Greatest daily variation, 13th, wind SW, 23.00. Least daily variation, 14th and 27th, wind NW, 1.50. Range of thermometer for the month, 47.50. Decrease of mean temperature from Jan. 3.045. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0178. Maximum, 15th, wind NW, 30.50. Minimum, 1st, wind NW, 29.35. Greatest daily variation, 14th, wind NW, 0.50. Least daily variation, 10th, wind NW, 0.03. Range of barometer, 1.15. Increase of atmospheric pressure from January, 00.0564. Prevailing wind, NW. Rain, &c. 1.59 inches.

Comparative with February, 1834.—Mean temperature, 33.800. Maximum, 52.00. Minimum, 6.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0116. Maximum, 30.50. Minimum, 29.65. Rain, 1.47 inches. Prevailing wind, NW.

Fort Independence, Boston, March 1, 1835.

B.

Traumatic Tetanus.—When a continued convulsion supervenes on lesion of structure, it is said to be, says Mr. Liston, *traumatic*, pertaining to a wound, and this form of disease is either acute, the spasms coming on suddenly, and involving all the muscles of the body in rapid succession—or, beginning more gradually, with less force, and after some considerable time, becoming universal. I have seen the disease, he remarks further, terminate fatally in forty-eight hours, from its first threatening.

Compound Dislocation of the Elbow-Joint.—This case shows the advantages which may sometimes be obtained from the expectant surgery in these dangerous accidents. The inferior extremity of the humerus had been driven completely out through the skin covering the front of the joint; the surgeon reduced the bone, brought the soft parts together, and applied a simple bandage, intending to wait the next day for operating. The pain, swelling, &c. which came on induced him to defer amputation; he bled the patient, and applied cold lotions to the part; the limb now became very tumid and cold, and covered with phlyctenæ; there was great fever and delirium, with ardent thirst, &c. Under these circumstances the surgeon thought it right again to luxate the bone, in order to remove all injurious pressure; this was done, and on the following day the pain, fever, &c. were less: in a few days the integuments about the wound mortified,

and the portion of exposed bone began to die. On the 21st day the surgeon removed with the bone-scissors a great part of the necrosed bone : after this operation the extremity of the bone was soon covered with healthy granulations ; the surface of the wound began to contract, and in a short time the patient was cured, with loss of the motions of the elbow-joint.—*Ann. Univers.*

Vaccine Report.—Dr. John A. Elkinton, Vaccine Physician for the Incorporated District of the Northern Liberties, Philadelphia, for the year 1834, reported the following number of persons successfully vaccinated by him since January 1, 1834, and ending December 31, 1834.

The whole number of persons vaccinated by him during the year, is *one thousand and sixty*, viz :—1st quarter, 617 ; 2nd quarter, 95 ; 3d quarter, 165 ; 4th quarter, 157 ; uncertain cases, 26.

Of these, 549 are males and 511 females, 973 white and 87 colored.

Dr. Seeger's Communication will be in type next week.

DIED—In Elizabeth City, N. C. Dr. Samuel S. Pool.—At Lexington, Ky. Raphael D. Mattingly, a student of medicine, in consequence of a wound received in a duel.—At Dennisville, Me. Benjamin Lincoln, M.D. aged 32, late Professor of Anatomy at Burlington College, Vt. Dr. Lincoln succeeded the late Dr. Wells at the University of Maryland, as lecturer on Anatomy, for one season.—At Baltimore, Dr. Caleb Jones, 26.

Whole number of deaths in Boston for the week ending March 7, 20. Males, 11—Females, 9.

Of lung fever, 7—old age, 2—debility, 1—typhous fever, 1—consumption, 5—scarlet fever, 1—croup, 1—affection of the brain, 1—unknown, 1. Stillborn, 2.

ADVERTISEMENTS.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay.

February 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by Dr. CLAPP, JR., at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 18, 1835.

[NO. 6.]

THESES AT THE PARISIAN CONCOURS.

[See page 58.]

THESIS OF M. VELPEAU.

ON THE OPERATION OF TREPPANNING IN WOUNDS OF THE HEAD.

THIS is by far the most voluminous of the theses to which the present concours has given birth. Indeed, few men but M. Velpeau could have collected in the short space of eight days the immense quantity of matter which is contained in the 270 octavo pages composing his thesis. At each moment we find quotations (page and volume given), the whole selected from the most celebrated writers of every nation; and if professional learning alone were to bear the palm, we should have no hesitation in according it to the author. Unhappily, however, he seems to have lost himself in the extent of his researches; and the thesis, though superior in many points, is deficient in the very essential one of clearness. The reader is confounded by a multitude of conflicting operations, and finds himself at last in the predicament of the Athenian sage, whose learning led to the very unsatisfactory conclusion "that he knew nothing."

The thesis is divided into four parts. The first is historic. In the second the author exposes at length the principles by which the surgeon should be guided in the application of the trepan. The third part contains an examination of the doctrines delivered up to the present day on the same subject by the best writers. The fourth part treats of the consequences of the operation. We commence our analysis:—

Wounds of the head sometimes require the use of the trepan, not exclusively on their own account, but rather from the accidents attending them. M. Velpeau, therefore, commences by passing in review the different complications and consequences of wounds involving the soft or hard parts of the skull. It is impossible for us to follow the variety of details into which the author enters. We must content ourselves (though at the risk of being a little obscure) with endeavoring to arrive at his conclusions. In simple cases of wounds of the head, no surgeon thinks of trepanning; but in many cases the injury extends to the dura mater, the bone mortifies, and fluid is effused between the skull and dura mater; here is the first indication for the trepan established by the author, who maintains that necrosis of the two tables requires trepanning, whether there be symptoms of compression or not, and quotes three cases from his own practice where the patients died in consequence of his having neglected to operate.

Fractures.—M. Velpeau examines each species of fracture separately.

1st. *Of the External Table.*—These do not require the trepan (Astley Cooper), unless symptoms of suppuration of the bone or necrosis set in.

2nd. *Of the Internal Table.*—Though long debated, this fracture seems now established (Samuel Cooper). Whenever the symptoms are such as to give rise to the idea of a foreign body irritating the membranes, brain, &c., this fracture may be suspected, and the trepan applied to the injured point, although the external table is sound.

3rd. *Fissures.*—Simple fissure does not require the trepan; we should wait for symptoms of effusion, &c.; but when the fissure is large, blood is almost always effused between the bone and dura mater. In the latter case many surgeons reject the trepan, saying the fracture is sufficient for the discharge of the fluid; others endeavor to enlarge the fissure. M. Velpeau prefers the trepan, when the blood is not freely discharged, and disapproves of all artificial separation.

4th. *Radiated Fracture.*—Sometimes this fracture is confined to a single bone; sometimes it extends to several, radiating from the top to the base of the skull; here the commotion and contusion of the brain are great, the effusion is disseminated; the surgeon does not know where to apply the trepan; however, a few applications may be risked, if he have reason to suspect a more considerable collection at one point than at another.

5th. *Depressions. Without Fracture.*—This accident, though formerly admitted by all surgeons, is now considered impossible in the adult. It cannot be produced on the dead body, and in the cases published there is no proof that fracture did not exist at the same time.

With Fracture. In these cases the application of the trepan is the general rule. The cases in which trepanning may be dispensed with are the exceptions.

6th. *Fractures from Gunshot Wounds.*—The trepan is often indicated in these wounds, on account of the nature of the accident. Injuries by a pointed weapon, as a sword, &c. do not require an operation by themselves; when symptoms of effusion, &c. come on, it is time enough to apply the instrument.

7th. *Foreign Bodies: Solids.*—In wounds of the head various foreign bodies may indicate the necessity of applying the trepan, as splinters of a fractured bone, fragments of a necrosed bone, shot, balls, whenever they have not penetrated far beyond the wound, fragments of instruments, &c. In all these cases the use of the trepan is established without controversy.—*Liquids.* It may be laid down as a general proposition, that every effusion of any extent into the cavity of the skull requires the operation of the trepan. M. Velpeau examines the propriety of attacking by this means every variety of effusion—viz. of blood, between the dura mater and bone, into the serous cavity, into the substance of the brain, of pus in the same situations. As to the propriety of trepanning in cases where the blood is effused into the cavity of the arachnoid, Sir A. Cooper, Mr. S. Cooper, Abernethy, &c. reject the operation almost absolutely. M. Velpeau does not go so far. Whenever there are severe symptoms of compression he would trepan.

When effusion takes place in the substance of the brain, the wound is almost necessarily mortal ; however, the author thinks the trepan may be tried as a last resource, and quotes the case (from his own observation) of a young Englishman who shot himself in the temple with a pistol ; the ball came out near the sagittal suture on the same side, having traversed the whole of the cerebral lobe ; the hemorrhage was abundant, but death did not take place at once ; suppuration had time to be established ; the medullary substance presented itself at the openings, and considerable portions were removed ; finally, the patient was on the point of being cured, and would have certainly recovered, had it not been for the greatest imprudence on his part.

In the third chapter the author studies the propriety of the trepan in a pathological view—that is, according as there exist symptoms of compression, contusion, commotion, and inflammation.

M. Velpeau considers that foreign bodies, whether solid or liquid, act on the brain, not directly, but by the medium of another power, viz. the resistance of the osseous covering of the brain ; and hence trepanation has for its object, in cases of compression, not only the discharge of the foreign compressing substance, but also the destruction of the means by which compression is effected, viz. the resistance of the skull. This has been proved satisfactorily by the experiments of Fleurens. Hence, as a general thesis, the trepan is the best remedy against compression, whatever be its cause, degree, &c. This, however, does not establish the necessity of trepanning in all cases of compression, and the author satisfactorily explains how numerous cases may be cured without the trepan, when the symptoms are but transitory, the brain little injured, &c.

Contusion of the brain evidently requires the trepan, for the disorganized parts must suppurate and be discharged.

Concussion.—Here the trepan is never applicable, and M. Velpeau, following the advice of Abernethy, absolutely rejects it.

Inflammation.—When the traumatic inflammation is fully established and diffused, the trepan is not to be thought of ; but when inflammation is only threatening, or circumscribed, the operation should not be absolutely rejected. The patient, trepanned by Dease and Schnucker, recovered, although affected with meningitis ; and in going over the observations contained in authors, it is easy to see that wounds of the head, with an opening into the skull, are accompanied by less severe inflammatory symptoms than other wounds, and that the inflammation is less in proportion to the loss of cerebral substance. The twenty-two patients described by Paroisse (*Ob. de Chir.* 1806) had wounds of this kind ; they were all obliged to march above thirty leagues, without observing any regimen, yet twelve recovered.

After having quoted a variety of examples from Tulpius, Scuttee, Schenk, Muys, Hoffinan, Jeubeler, De Guise, &c. to prove this proposition, M. Velpeau explains it by the circumstance of the opening, which prevents any chance of compression, and this determines any inflammatory action to a circumscribed spot. Hence, without giving a fixed opinion, he thinks that the operation of the trepan should take rank amongst the remedies employed against inflammation of the brain following wounds of the head ; at least it is a new question to examine ;

and does not seem more frightful or irrational than the extensive incisions made to combat diffuse phlegmon of the extremities.

Secondary Accidents.—A patient may be perfectly well cured of his wound, yet after a variable number of months or years, experience symptoms sufficiently grave to require the trepan; such as convulsions, tetanic affections, epilepsy, &c. These are generally produced by a splinter of bone, necrosis, separation of the dura mater, &c. The trepan should be applied if nothing exist to account for the symptoms, except the old wound, if the cicatrix be sensible, if there be œdema under it, or crepitation.

Having thus described the different lesions which may indicate trepanation, the author proceeds to study the symptoms of those lesions, which he reduces to irritation, compression, contusion, concussion, and inflammation. In chapter the fourth, the symptoms of each affection are described at length. Contusion of the brain, says M. Velpeau, is marked by a dull, deep pain, accompanied by numbness, pulsation at the corresponding side of the skull, a sensation of weight, cold, and pressure, about the wounded place. Whether these symptoms be accompanied by paralysis, convulsion, fever, or not, they indicate the existence of contusion, and the trepan should be applied. Where this operation has not been performed, nearly all the patients so affected have died. Chapter five contains an examination of the opinion laid down by several surgeons, that the trepan should never be applied, 1st. Over the sutures; 2nd. The sinuses; 3rd. The temples; 4th. Over the passage of the middle meningeal artery; 5th. Over the occipital protuberance, &c.; 6th. Or when the effusion is at the base of the skull.

1. *Trepanning over Sutures.*—This question is now resolved by experience. No surgeon hesitates to trepan over the sutures if necessary. Guillemeau found himself obliged to do so in 1591 (*Œuvres Chir.* p. 659). Lusitanus applied the trepan over the sutures (*Portal*, t. i. p. 500). Finally, Thiriot, Morand, Wauner, and Hoffman, have followed the same practice. For each of these opinions, M. Velpeau quotes page and volume.

2nd. *Over Sinuses.*—There is no good reason for not trepanning over the sinuses. The least compression is sufficient to arrest the hemorrhage; besides, it is easy to trepan over them, without wounding the cavity. Janson has done so to extract a ball. (*Compte rendu de l'Hôtel Dieu de Lyons*, 1822, p. 47.)

3. *Over the Temples, &c.*—M. Velpeau quotes an immense variety of cases to prove that the trepan may be applied over the temples without any danger or inconvenience. The same remark applies to the danger of wounding the middle meningeal artery; hemorrhage from this vessel is rarely abundant; besides, it is easily arrested. Beclard and Dubois found no difficulty in stopping it. (*Arch. Gén. de Méd.* t. 3. p. 377.) In two cases M. Larrey cauterized successfully with a stilet. (*Clin. Chir.*, t. i. p. 180.)

The trepan may also be applied, with proper precaution, over the occipital protuberance, and there is no point of the skull, except the base, where the use of the instrument is contra-indicated.

The third part is the most interesting portion of the thesis; and had

the author possessed sufficient time to digest and arrange the quantity of matter he had collected, it would have formed a complete basis on which to form a definitive judgment. He examines successively the opinions of the most celebrated surgeons in England, Germany, and France, and endeavors to confirm, by an assemblage of facts, drawn from their practice, the principles laid down by him in the second part of the thesis. This is a monument of labor and learning, and deserves to be consulted by every surgeon.

Dease, like Desault, was an antagonist of the trepan. M. Velpeau analyses the twenty-five observations contained in his work, shows the reasons by which Dease was induced to reject the operation in many cases, and explains the causes of his ill success.

Twelve were cases of contused wounds without fracture ; nine died. M. Velpeau shows that all these had an inflammation either of the brain or membranes at the time of the operation, and not one had effusion of fluid ; in a word, the operation was by no means indicated. The second series of cases in Dease comprises eleven wounds of the head with fracture ; eight cases were trepanned and three died. And here, again, the operation was unnecessary in the majority of the cases, as eight were merely fracture of the external table.

The work of Pott, the great English advocate for the trepan, is analyzed with more care. M. Velpeau gives a concise account of twenty-eight cases detailed in that author, and shows what were the principles which guided him in the employment of the trepan. In these twenty-eight cases Pott only lost thirteen, and M. Velpeau points out how little influence the operation had in producing the deaths.

In spite of the sage reasoning of Pott, the doctrine of Dease prevailed in England, and was more or less adopted by Abernethy, J. Bell, Sir A. Cooper, &c. Abernethy rejected the trepan in cases of fracture with slight depression, and cited observations of this kind where the accidents supervening were few or none. In answer to this doctrine, M. Velpeau remarks that the observations of Abernethy are very incompletely given ; for he rarely ever mentions the depth of the depression, and refutes the objection of the danger of inflammation being produced by the trepan.

The opinions of J. Bell and A. Cooper are also submitted to a patient examination by the author. When the fracture is compound, and inflammation comes on, death (says Sir A. Cooper) is a necessary consequence, whether we trepan or not. If there be a wound with depression of the bone, it is better to elevate the fragments than apply any instrument. Sir A. Cooper says he has often met with depressions of the external table, the internal one being uninjured. He forbids dividing the dura mater if the surgeon do not find the blood between that membrane and the skull, and, finally, almost restricts the trepan to cases of compression where evacuations have failed.

We have been insensibly led to enter into a more detailed examination of the present thesis than we intended ; we must, therefore, hasten to the conclusions of the author. Having analyzed the opinions of the English surgeons, M. Velpeau turns to Germany, and gives the ideas professed by Klein, Eicheimer, Chelius, Zang, Beck, Behr, Steigmann, and Kleinert, favorers of the trepan, compared with the opposite doc-

trines of Graefe, Lowenhardt, Speyer, Schneider, Gadermann, Jäger, and Kern.

In France the doctrines of Desault, Giraud, and Larrey, are noticed, and the arguments of Marchand, Matter, Gama, &c. against the trepan, are answered.

It is unnecessary to mention, that during this long analysis of so many works, M. Velpeau endeavors to bring together the points which refer to his question, signalizes the true indications of operation, and distinguishes those cases where the instrument was rashly applied. Finally, the thesis is abundantly rich in observation, both original and quoted. We find no less than ninety-two cases of wounds in which the trepan had been applied, and which are given with all the necessary details.

The conclusions to which M. Velpeau comes are the following :—

Indications for the Trepan.

1. In wounds of the head with contusion of the bone, and detachment of the pericranium and dura mater.
2. Necrosis of the thickness of the bone.
3. Simple fractures, if accompanied by violent contusion, or effusion on the dura mater.
4. Fractures, with splinters of bone, when there is not a considerable space between the fragments.
5. Fracture with depression, unless there be no symptom of compression.
6. In cases of foreign bodies where they are not too deeply fixed.
7. In effusion, whatever be its nature or seat.
8. In all cases of compression, sufficient to trouble the cerebral functions.
9. In contusion of the brain, with symptoms of suppuration or paralysis.
10. In some cases of fixed pain, &c. under a point of the skull anciently wounded.
11. For convulsions or epileptic accidents depending on the same cause.
12. For the removal of fungous tumors, &c. which are developed on the dura mater after wounds of the head.

Contra-Indications.

1. When the contusion of the bone is slight and simple.
2. In fracture of the base of the skull, or if the injury extend there.
3. In simple uncomplicated fracture.
4. When the foreign body is lost in the brain.
5. When the effusion of blood or pus is diffused.
6. When the compression does not produce paralysis, and depends on a cause acting suddenly with its utmost energy.
7. In cases of concussion.
8. When there is general inflammation of the brain.

DISEASES OF THE TEETH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Among the benefits we derive from the evils we suffer, it is not the least that we learn to feel for others. The misery I have experienced myself from defective teeth, prompts me now to comply with your invitation, expressed in the *Journal* of the 6th of last January, and to send you a few general remarks on the nature of the diseases of the teeth, and on the means to preserve them after becoming painful. If you find nothing new in this communication, it may be at least not displeasing to you to have your opinion upon this subject confirmed by one, who reprobates as much as yourself the extraction of defective teeth as soon as they become painful, and the destruction of organs so useful for preparing our food for digestion, so necessary for the articulation of our language, for the formation of the symmetry of the human countenance, and conducive to our sense of hearing.

If we examine the symptoms, and inquire into the causes of toothache, we shall in most cases discover that this disease, like any other, is either idiopathic or sympathetic, and its character dyspeptic or inflammatory. It is one of the most troublesome and painful plagues to which the inhabitants of the temperate zones are subject ; it appears in some families to be hereditary ; it varies in degree, lessens and increases often periodically, observes at times the type of an intermittent fever, and alternates with other pains, or other diseases. If it be violent, lasting, and in tender irritable subjects, it produces sleeplessness, fever, faintness, convulsions, delirium, gastric affections, abscesses, ulcers, &c. ; and if symptomatic and connected with malignant fevers, or an exulceration of the lungs, it hastens death.

That there exists in some individuals a greater predisposition to this disease than in others, is manifest enough, as many remain free from it, though equally exposed. It appears that the idiopathic toothache affects frequently those who are habituated to take too hot or too cold, very sour or very sweet, victuals and drinks, and neglect keeping their mouths clean. This habit injures the enamel of a tooth, makes it thinner and more friable, produces at first a small black spot on it, and gradually carious hollows on its top or sides, and the nerve becomes exposed and irritated by the air, temperature, moisture, food and drink, and liable to be affected by internal causes. When the tooth has no external hollow, we may know from its pearly color, its gnawing obstinate pain, its fetid smell, and the little purulent orifices of the gums, that its inside is rotten. This happens when the gums are scorbutic, have a venereal or mercurial taint, or have been inflamed from some cause or other. Difficult dentition may be placed among the species of idiopathic toothache, though in most cases it appears only in feeble diseased children, and signs of constitutional disturbance, besides those of local irritation, are sufficiently evident. After all, I have no reason to doubt that idiopathic diseases often produce sympathetic ones, and the latter, reacting, aggravate the original complaint, either by the consensus nervorum, or by metastasis. It is therefore impossible to determine, in every instance, whether the

toothache be independent of any other affection, or the effect of another disease.

Of the sympathetic toothache there are a great number of species, which derive their names from the various diseases with which they are connected; and I think it useful for the practitioner to remember the principal species recorded by practical physicians, and which are marked with the following names: odontalgia inflammatoria, catarrhalis, gravidarum, hysterica, intermittens, rheumatica, verminosa, scorbutica, mercurialis, metastatica, venerea. Taking it for granted that most of your readers are acquainted with the symptoms, causes and treatment of all these diseases, I do not intend to enter into particulars, but shall confine myself to some general remarks.

If I were asked by a young physician to point out to him the most important and most useful general principle in the practice of physic, I should answer, without hesitation: endeavor in every case that comes before you, to ascertain whether an inflammatory diathesis or a dyspeptic and gastric affection prevails, particularly in the first stages. But this is not always an easy task, as it frequently happens that neither of these states exists entirely pure and unalloyed by the other; that the pulse, if not examined at different times of the day, may mislead, and, compared with other symptoms, entirely confound you. The most experienced physician, if not very attentive, will discover at times, and that too late, that a latent inflammation in a malignant fever destroyed his patient, or a great colluvies of putrid matter in *primis viis*. Experience, extensive medical knowledge, thorough examination, will do much towards discovering these enemies of life, and the general prevailing constitution of the diseases of the year and season will often throw great light upon the most obscure cases. The necessity which compels a physician, under particular circumstances and in rare cases, to administer tonics, stimulants, narcotics, &c. in the very first stages, alone or in combination with means dictated by the above principle, cannot destroy a precept so useful and beneficial in general practice, and in the vast majority of cases.

I am of opinion, that every well-educated and experienced physician will agree with me in the propriety of basing the treatment of the various idiopathic and sympathetic species of toothache upon a principle, which enjoins the necessity of removing the painful irritation of a nerve by removing its cause. Suppose, for example, we observe at the first or second irruption of the teeth, or in any other species of odontalgia, in one case a violent pain, great heat in the gums and mouth, swelled gums, flushes in the face, a hot skin, a hard pulse, great thirst and fever, &c.; in another, less pain, heat and fever, but a bad taste, foul tongue, sickness at the stomach, purging, offensive stools, &c.; every experienced physician, I should think, would have recourse in the former instance to the antiphlogistic, in the latter to the evacuating plan, and use such external and internal means as are adapted to the particular species of the disease, to the violence of the symptoms, and the age and constitution of the patient. But it is worth while to remember, that if in the latter supposed case not only cough, hoarseness, swelled tonsils, and other catarrhal symptoms make their appearance, and your patient has at the

same time slight pains in one or the other side of the chest, heat and flushes in his face, a circumscribed redness round the ossa zygomatica about the middle of the day, a harder and quicker pulse, hot hands or feet towards evening, more fever in the first part of the night, we have reason to suspect, particularly if the development of his chest did not keep pace with that of his extremities, and his habitus externus and hereditary taint be consumptive, that the gastric cause in this case is complicated with an inflammatory diathesis, and the treatment must be adapted to both. There can be no doubt that nine-tenths of pulmonary consumptions originate in neglected catarrhal affections, so common in our changeable climate, or in the stimulating and mercurial treatment which they receive. The intermittent, the hysteric and the odontalgia gravidarum, have in most cases a gastric origin, but are occasionally inflammatory, especially in high fed, stimulating, plethoric persons. Want of cleanliness, bad food and drink, little or no exercise, and foul air, cause the scorbutic species, which appears gastric in its first stage, but assumes gradually features of resolution and putrefaction. Cleanliness, vegetable food, and particularly the cochlearia, nasturtium, sinapis, &c. fresh meat, acidulated drink impregnated with carbonic acid, exercise in pure air, &c. are useful; and if confined to the gums, it will soon disappear, provided they be washed very often through the day with pure cold water, and the thin dissolved blood be pressed out of them. Mercury, and every preparation of it, is a well-known fatal poison in this species, and in my opinion ought not to be used in any, being most ruinous to the teeth. It is true, we cannot well do without it in the odontalgia venerea, if well marked; and a free use of demulcents may help some, though after all a most obstinate chronic affection, named odontalgia mercurialis, remains behind. Many physicians affirm calomel to be a certain anthelmintic; but I cannot believe it, after expelling fourteen large and live lumbrici from a young man, who had been three times salivated immediately before he came under my care. Odontalgia verminosa from lumbricis will certainly yield to strong decoctions of the root of the *Spigelia Carol.* or *Marylandica*; that from the two species of tapeworms, to large doses of *rasura stanni* and strong purgatives; and the ascariides, and some other smaller kinds of worms, to the use of aloetics, given internally, and to clysmata oleosa. The odontalgia rheumatica or podagrica is often an acute inflammatory disease, but when chronic, and in its origin, either gastric or mixed.

Though it is manifest that the external and internal causes are various, and that the means should be adapted to the different nature of toothache, it must be conceded that the proximate cause, the effect of the operation of all the causes, consists in a local affection, an irritation of the nerve, accompanied more or less with an inflammation of the gums and of the periosteum of the tooth. If sharp, heating, stimulating substances be used, or if discentient means be neglected, the first, inflammatory stage goes over into the second, and a suppuration of the gums or of the bone of the tooth, called caries, will follow. If the mouth and gums be highly inflamed and the pain very severe, ice-cold water, or a piece of saltpetre, kept constantly in the mouth, scarification of the gums, leeches applied to the temples or behind the ears, figs boiled in milk and kept between

the cheek and gums, the vapor of hot water directed to the mouth, face, and head, and, in some plethoric persons, full bleeding, will mitigate the pain. When the inflammation is less acute, or a caries has taken its place, a pill of opium inserted in the hollow, or near it, or a small ball of cotton moistened with the tincture of cantharides applied to the gum of the painful tooth, blisters or sinapisms applied behind the ears or at more distant parts, æther or ammonia to the face, &c. are often useful, and give at least temporary relief. In very obstinate pains the nerve may be destroyed by the actual cautery, which is preferable to caustics, and the tooth, filled with gold, lead, or wax, may be preserved for many years.

There are numberless means recommended to preserve our teeth in a sound state, and to arrest their total decay after the appearance of caries in them. But the most simple, rational and successful means, to answer both these purposes, is the diligent, faithful and thorough use of plenty of pure and moderately cold water. If the mouth, gums, teeth and fauces be thus cleaned from the variety of acrid and fermenting and putrescent particles of food and other substances entering and adhering to them, every morning and evening and after every meal, and a good toothbrush be used at the same time, and this habit of cleanliness be extended generally to all the external and internal organs to which medical science obtains access, toothache will be a stranger to us. It happened about five or six years ago I was, owing to sheer carelessness and inattention, grievously afflicted with painful defective teeth, and I had once every week or two to undergo the misery of an inflamed gumboil, and the distress when the suppurated tumor was opened. A more faithful and thorough use of moderately cold water, and moving and rubbing the end of my tongue for a considerable time over the boil in the beginning of its inflammatory stage, enabled me to disperse it in every instance, and neither gumboils nor toothache trouble me since.

I cannot conclude this communication without uttering the fervent wish that a better intellectual, moral and practical education may be provided for those that study medicine, and that the knowledge of the wonderful machine in which we live be made a branch of general education. Then, and not till then, empiricism and quackery, the panaceas of Dr. Brown, of Hamilton and Thomson, will appear absurd in the eyes of every man, woman and child.

C. L. SEEGER, M.D.

Northampton, March 6, 1835.

REMARKS ON MASTURBATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE pernicious and debasing practice of *MASTURBATION is a more common and extensive evil with youth of both sexes, than is usually supposed. The influence of this habit upon both mind and body, severe as it has been considered, and greatly as it has been deprecated, is altogether more prejudicial than the public, and, as is believed, even the medical profession, are aware.

A great number of the evils which come upon the young at and after

the age of puberty, arise from *masturbation*, persisted in, so as to waste the vital energies and enervate the physical and mental powers of man. Not less does it sap the foundation of moral principles, and blast the first budding of manly and honorable feelings which were exhibiting themselves in the opening character of the young.

Many of the weaknesses commonly attributed to growth and the changes in the habit by the important transformation from adolescence to manhood, are justly referable to this practice.

This change requires all the energy of the system, greatly increased as it is at this period of life, which if undisturbed will bring about a vigorous and healthy condition of both the mental and physical powers.

If masturbation be commenced at this period, it cannot fail to interrupt essentially this important process ; and if continued, will inevitably impress imbecility on the constitution, not less apparent in the body than the mind, preventing, as it will not fail to do, the full development of the powers of both.

The individual becomes feeble, is unable to labor with accustomed vigor, or to apply his mind to study ; his step is tardy and weak, he is dull, irresolute, engages in his sports with less energy than usual, and avoids social intercourse ; when at rest he instinctively assumes a lolling or recumbent posture, and if at labor or at his games takes every opportunity to lie down or sit in a bent and curved position. The cause of these infirmities is *often* unknown to the subject of them, and *more generally* to the friends ; and to labor, or study, or growth, is attributed all the evils which arise from the practice of this secret vice, which if persisted in will hardly fail to result in irremediable disease or hopeless idiocy. The natural consequence of indulgence in this, as in most other vices, is an increased propensity to them. This is particularly true of masturbation. In my intercourse with this unfortunate class of individuals, I have found a large proportion of them wholly ignorant of the causes of their complaints, and if not too far gone the abandonment of the habit has, after awhile, removed all the symptoms and resulted in confirmed health.

One young man, now under my care, was first arrested in his career by reading the chapters on the subject in the *Young Man's Guide*. For many months, he has totally abstained from the practice, and yet he is feeble, depressed, irresolute, and unable to fix his attention to any subject, or to pursue any active employment. But he is steadily convalescing, and will doubtless recover.

If the symptoms above enumerated do not lead in any way to a discontinuance of the habit, other symptoms more formidable, and more difficult of cure, will present themselves. The back becomes lame and weak, the limbs tremble, the digestion is disturbed, and costiveness or diarrhœa, or an alternation of them, take place. The head becomes painful—the heart palpitates—the respiration is easily hurried—the mind is depressed and gloomy—the temper becomes irritable—the sleep disturbed, and is attended by lascivious dreams, and not unfrequently nocturnal pollutions. With these symptoms the pulse becomes small, the extremities cold and damp ; the countenance is downcast, the eye without natural lustre ; shamefacedness is apparent, as if the unfortunate victim was conscious of his degraded condition.

The stomach often rejects food, and is affected with acidity, and loathing ; the nervous system becomes highly irritable ; neuralgia, tabes dorsalis, pulmonary consumption, or fatal marasmus, terminate the suffering, or else insanity and deplorable idiocy are the fatal result. Long before such an event, the mind is enfeebled, the memory impaired, and the power of fixing the attention wholly lost. These are symptoms which should awaken our attention to the danger of the case, and which should induce us to sound the alarm, and if possible arrest the victim from the inevitable consequences of persisting in the habit.

In females, leucorrhœa is often induced by masturbation, and I doubt not incontinence of urine, strangury, prolapsus uteri, disease of the clitoris, and many other diseases, both local and general, which have been attributed to other causes.

It is often difficult to obtain information on the subject of masturbation. Where it is suspected by the physician, the friends are wholly ignorant on the subject, and the individual, suffering, is not ready to acknowledge a practice which he is conscious is filthy in the extreme, although he may have had no suspicions of its deleterious influence upon his health.

It is not sufficient that we know the consequences of masturbation, for these are often irremediable disease ; we ought to know the symptoms of its commencement, of the incipient stages of those diseases which result from it, as well as the influence which the moderate practice of it will have upon the physical and mental stamina of the man—for it is not too much to say that the practice cannot be followed by either sex, even in a moderate way, without injury, especially by the young.

Nature designs that this drain upon the system should be reserved to mature age, and even then that it be made but sparingly. Sturdy manhood, in all its vigor, loses its energy and bends under the too frequent expenditure of this important secretion ; and no age or condition will protect a man from the danger of unlimited indulgence, legally and naturally exercised.

In the young, however, its influence is much more seriously felt ; and even those who have indulged so cautiously as not to break down the health or the mind, cannot know how much their physical energy, mental vigor, or moral purity, have been affected by the indulgence.

Nothing short of total abstinence from the practice can save those who have become the victims of it. In this indulgence, no half way course will ever subdue the disease, or remove the effect of the habit from the system. Total abstinence is the only remedy. If the constitution is not fatally impaired—if organic disease has not taken place, this remedy will prove effectual, and must be adopted, especially in all cases in which the effects are visible, or the consequences cannot fail to be ultimately fatal.

This means of cure may be seconded by others, which may be found necessary to remove the effects upon the physical system. Suffice it to remark here, that total abstinence, in an aggravated form of masturbation, is not easily effected. Slight irritation will produce an expenditure of the secretion quite involuntary, and spontaneous emissions and nocturnal pollution may for a long time prolong the danger, and prevent that renovation of the powers which would otherwise be the result of the good resolution of the victim of the habit.

In a subsequent paper we may consider the influence of masturbation upon the mind, as a cause of insanity and idiocy, and suggest some remedies for the removal of its effects upon the health. W.

March, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1835.

MEDICAL CONVENTION OF OHIO.

On the 5th of January last, a large number of physicians, agreeably to invitation, met in convention at the city of Columbus. The object of the meeting was declared to be—"The regulation of professional etiquette—The construction of independent Medical Societies—The support of a periodical Journal of Practical Medicine—The erection and location of public Asylums, for the reception of Lunatics and the instruction of the Blind—The promotion of the Temperance cause—The regulation of Vaccination—The convenient supply of the Leech."

Some able reports were made, which manifest in the most favorable light, the wisdom, enterprise, humanity and intelligence of our brethren at the West. Those on the necessity for hospitals in the valley of the Mississippi—the necessity for an asylum for the education of the blind—and upon the propriety of memorializing the legislature on the subject of legalizing the dissection of human bodies, are ably and forcibly drawn, and will unquestionably eventuate in the establishment of all that has been thus proposed to the people.

As it regards a Journal of Medicine, under the sanction of the convention, Dr. Awl very wisely recommended an abandonment of the project, for the present. It is utterly useless to persuade men to become patrons against their will. There is such competition in this department of literature and science, at this day, that the patronage of medical periodicals must be left to regulate itself.

The memorial to the legislature on the subject of the erection of a State Lunatic Asylum, is an excellent common sense document, reflecting great honor on the convention, and which certainly appeals most powerfully to the heart of every man in Ohio. We make a short extract.

"Your memorialists, therefore, only deem it necessary to call your attention particularly to the fact that has been already stated (the entire unfitness of the present establishment bearing the name of Lunatic Asylum), in conjunction with the fact that there is now in your State not less than 600 to 1,000 insane persons, entirely destitute of the proper means of recovery, to ensure such legislation as the pressing importance of the subject demands.

"In a State which has already expended her millions in the construction of commercial highways and literary and benevolent institutions—in a State wealthy in her resources and proud of her wealth, a call from the unfortunate cannot be heard in vain.

"In regard to the location of the Asylum, your memorialists are of opinion that a situation more central than Cincinnati should be selected. In such a project the convenience of every part of the State should be

consulted, as all have an equal interest therein. In this view of the subject, it would seem that no place presents so many advantages as the city of Columbus, and it is believed that none would be more acceptable to the community at large."

On the whole, the profession of Ohio have done themselves much honor: while they have expressed the feelings of men, they have also convinced those at a distance, and we trust those at home, that they are members of a benevolent, energetic and liberal-minded profession, strictly devoted to the best interests of the great human family.

ANNALS OF PHRENOLOGY.

No. 4 of an interesting periodical, bearing this title, issued from the press of Marsh, Capen and Lyon of this city, has been distributed, and speaks well for the industry, at least, of the gentlemen who are interested in its management. One of the articles, denominated *Phrenological Analysis of Eloquence*, is particularly captivating; another, which we recognize as being from the pen of our young friend, Dr. Nathaniel B. Shurtleff, on the method of moulding plaster, and taking casts, must be very useful to those who are desirous of preserving phrenological peculiarities. *Cases of deficient perception of colors*, the physiologist may reflect upon, though perhaps to disadvantage without employing some of the machinery which the phrenologist invariably puts in active operation in solving all difficult problems.

The collection of skulls, casts of heads, drawings, &c. of the Boston Phrenological Society, deposited over the Boston Library in Franklin Street, has become highly valuable, and is worthy the especial notice of all scientific strangers visiting this metropolis. We are informed in this publication, that admirable busts of the celebrated Spurzheim are now procurable.

With the views we entertain of the science, we heartily recommend the *Annals* to the patronage of the profession and all others at all interested in the progress of human knowledge.

Medical College of Ohio.—There are eighty-three pay pupils and eight beneficiaries at this institution. The sparseness of students is imputed to the *cholera*. It is remarked that the State has given between thirty-five and thirty-six thousand dollars to the College, and it is intimated that the remainder of what was intended for the support of medical education might be advantageously employed in *procuring the attendance of pupils*!

Geneva, N. Y. Medical College.—In this newly created school, the following gentlemen constitute the board of faculty. Dr. Edward Cutbush, on Chemistry; Dr. Willard Parker, on Anatomy and Physiology; Dr. J. G. Morgan, on Surgery; Dr. C. B. Coventry, on Obstetrics and Materia Medica; and Dr. A. Colman, on Botany and Medical Jurisprudence. The Professor of Anatomy now holds a chair in three distinct Medical Institutions—viz. the Berkshire, in Massachusetts; the Clinical, at Woodstock, Vt.; and the Geneva Medical College.

Naval Appointments.—Robert Woodworth, William W. Valk, David Harlah, and Victor L. Gordon, have been appointed assistant surgeons

in the United States Navy. Dr. John S. Wily, recently dismissed, has been restored by the President, with the unanimous concurrence of the Senate.

Lithotomy.—January 3d, at the Westminster Hospital, a boy, six years old, was brought into the operating room. The operation was performed by Mr. Hale Thomson, the assistant surgeon, by the lateral section. Only about one ounce of blood was lost, and the time was three minutes. The stone was a cube— $12+8+6$ lines, and composed of triple phosphate laminæ, laid on a supposed lithic acid nucleus. On the following Monday, however, the poor child died of asthenia. It is at this hospital that the pupils and spectators applaud or hiss the surgeon, according to their vulgar notions of his capability or ignorance—even at the moment a poor suffering human being is undergoing the dreadful tortures of an operation—as if they were in the pit of a shilling theatre, witnessing the performances of a dancing bear. For the honor of the profession, we hope such shameful proceedings will never obtain in this land of hospital decorum.

Origin of Public Dissection.—It is said that the earliest law enacted in any country for the promotion of anatomical knowledge, was one that passed in 1540. It allowed the united companies of barbers and surgeons to have yearly the bodies of four criminals for dissection.

Cæsarean Operation.—Prof. Stoltz, of Strasbourg, on the 20th of Dec. last, performed the Cæsarean operation on a female 26 years of age, whose height did not exceed 44 inches. The child was extracted alive and well; and four days after the operation, says the French Gazette, the mother was in a favorable state.

Reunion after Complete Separation.—The *Ossevatore Medico* contains a curious, and what it affirms to be a well-authenticated, case of reunion of the nose, after complete separation.

The patient, a woman of the town, had the whole of the soft part of the nose bitten off, in a quarrel, by a man. She was immediately carried before the commissary of police, when the nose was dressed. Three hours afterwards, Dr. Carlizze, who happened to come in, saw the patient, and entreated that search might be made for the lost nose. This was done, and two and a half hours afterwards the mutilated portion was found, contracted, and all covered with filth. The Doctor, however, washed the parts clean, and applied the piece, putting in a few points of suture. The dressings were not removed before the seventh day, when the witnesses observed, with great satisfaction, that complete union had taken place. In thirty-seven days the cicatrix was perfectly consolidated. The aspect of the nose, however, was most disagreeable, from the color of its tip, which presented a livid, unhealthy appearance. A solution of nitrate of silver (moderately strong) was applied to this part, and after the fall of the eschar, in five days, the nose resumed its natural color.

Providence Dispensary.—The annual meeting of the Providence, R. I. Dispensary was held on Wednesday, the 4th inst. The attending Phy-

sicians, Isaac Hartshorn, M.D. and Henry W. Thayer, M.D. presented their Annual Report. At a Managers' meeting, held subsequently, on the same day, Levi Wheaton, M.D. and Richmond Brownell, M.D. were appointed consulting Physicians—Henry W. Thayer, M.D. and Isaac Hartshorn, M.D. attending Physicians for the year ensuing; Joseph Balch, Jr. was appointed Apothecary; and Benjamin Dyer, auditor.

The number of patients admitted to the Dispensary for the year, has been 100; of which, 64 were in the Eastern, and 36 in the Western District. Of the whole number of patients, 17 were under 10 years of age; 9 between 10 and 20; 24 between 20 and 30; 22 between 30 and 40; 11 between 40 and 50; 8 between 50 and 60; and 9 over 60.

University of Pennsylvania.—There seems to be great disturbance in this once famous institution; it appears that the students have taken the care of it into their own hands, and that the trustees, in obedience to their commands, have already removed one of the professors. Where this matter will stop we cannot foretell; but from all we can learn, it is more than probable that other removals will shortly follow.

Our readers are probably aware that pistols have been resorted to and blood shed in consequence of the disputes growing out of these matters.

U. S. Medical and Surgical Journal.

ERRATUM.—On page 63, in Dr. Jeffries's lecture, for *singularity* read *similarity*.

The Communication of Dr. Delony is received.

DIED—On the 6th inst. homeward bound, from St. Croix, W. Kissam, jr. M.D., aged 33, of New York.—At Rome, the celebrated Dr. Alexander, aged 78.—In Boston, Albert Williams, M.D. aged 33, an amiable and excellent man.

Whole number of deaths in Boston for the week ending March 14, 33. Males, 18—Females, 15.

Of lung fever, 7—dropsy on the brain, 3—apoplexy, 2—ulcers on the lungs, 1—sudden, 1—bowel complaint, 1—infantile, 3—croup, 1—debility, 1—dropsy, 2—scrofula, 1—inflammation on the lungs, 1—suicide, 1—accidental, 1—consumption, 2—liver complaint, 1—pleurisy, 1—convulsions, 1—dysentery, 1—unknown, 1. Stillborn, 3.

ADVERTISEMENTS.

PHILOSOPHICAL INSTRUMENTS.

BROWN & PEIRCE, No. 87 Washington Street, up stairs (at sign of Books and Apparatus), are constantly manufacturing and keep for sale, PHILOSOPHICAL APPARATUS, in all its varieties, embracing *Astronomical, Pneumatic, Hydrostatic, Optical, Electrical, Chemical, Mechanics, &c. &c.* Warranted of the best materials and superior workmanship. The importance of illustrations, in studying the sciences, is conceded by professional gentlemen at the present day.

Private individuals, colleges, academies and schools, furnished with all the above promptly, and at reasonable rates. Orders are solicited.

Boston, January, 1835.

(Jan. 6—tf.)

TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post paid, directed to the editor, will reach the advertiser without delay. February 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 25, 1835.

[NO. 7.]

THE HOSPITALS OF PARIS.

[See page 72.]

HOPITAL DE LA PITIE.

THIS hospital, situated close to the Garden of Plants, is composed of several ranges of buildings, enclosing large airy courts, in which the convalescents enjoy the benefits of exercise. It was opened in the year 1809, as an appendix to the *Hotel Dieu*, but rapidly rose in importance; and has, by the talents of its surgeon-in-chief, gained the reputation of being one of the best which a student can attend.

The number of beds is 624, and about 8400 patients are annually treated. The surgeons are MM. Lisfranc and Velpeau. The former, better known by what he has done than what he has written, has the merit of having, as it were, created in Paris the School of Operative Surgery, and of having made improvements of great value in most of the operative processes employed. M. Lisfranc delivers clinical lectures every day in the week, and every now and then treats of diseases of the uterus, a subject upon which he has conceived some ingenious ideas. He was in the habit of introducing the speculum once a week into all his female patients, and showing the state of the os uteri to the numerous pupils who follow his visit.

The junior surgeon, M. Velpeau, now clinical professor to the faculty, lectures every day also, at half-past seven o'clock in the morning.

The physicians attached to the hospital of *La Pitié* are, Messrs. Serres, Andral, Louis, Clement, and Parent-Duchatelet, most of them distinguished men. M. Serres has made a name for himself by his works on the pathology and anatomy of the nervous system, and by his discoveries in transcendent anatomy; he is about (we hear) to publish a complete work on the pathological anatomy of the nervous system.

M. Andral, professor of internal pathology to the faculty, if not the most brilliant of professors, is certainly one of the most distinguished physicians in Europe, few of whom can cope with him in a knowledge of pathological anatomy, and especially in the art of forming a correct diagnosis of disease. The clinical productions of M. Andral are well known to most of our readers. Indeed, we have nothing in English literature which can be compared with them, if we except the similar production of Dr. Abercrombie, whose treatise on diseases of the brain, &c. even the French themselves allow to equal M. Andral's last volume.

The practice of M. Andral in the *Hopital la Pitié* always affords something replete with interest. He has already made an extensive range of experiments with the contra-stimulants, and has just terminated a

similar essay with purgative medicines, the result of which we may probably, at a future period, make public.

M. Louis is the favorite professor of the English and Americans, of whom indeed his class is almost exclusively composed. He is reputed to be the physician best versed in diseases of the chest, which he has made his special study; he delivers clinical lectures during the spring and summer months.

Of MM. Parent-Duchatelet and Clement, we know nothing particular. The former has published some excellent papers on public hygiene and legal medicine.

HOPITAL DE LA CHARITE.

This hospital, situated in the rue Jacob, on the left bank of the Seine, but not close to the river, like the *Hotel Dieu*, was founded in 1607. It contains nearly 500 beds; the average number of patients treated is from five to six thousand, and the mortality amounts to about fourteen for each 100 patients.

The surgeons of *La Charité* are M. Roux and M. Guerbois, a military surgeon, who has been lately appointed to the vacancy left by the death of Boyer.

M. Roux, one of the professors of clinical surgery to the faculty, is considered one of the best operators in the French capital, though, from some reason or other, his patients generally die. We cannot say from experience that the after treatment of M. Roux is decidedly bad, but he operates on many patients who have been considered *unfit* by Baron Dupuytren at the *Hotel Dieu*. M. Roux prefers the method of continued extension to that of position in cases of fracture, as employed at the *Hotel Dieu*, and he invariably extracts the cataract; he is peculiarly famous for the dexterity with which he performs this latter operation; indeed we saw him extract nineteen lenses at one sitting, and left the amphitheatre when six more cases remained for operation. M. Roux has improved surgery by his methods of uniting the divided palate and ruptured perineum. In the first of these operations, which he has performed now sixty-four times, he has been peculiarly fortunate. We have said that operations are much more frequent at *La Charité* than at the *Hotel Dieu*, considering the number of patients. Thus, in the year 1822, when the number of surgical cases amounted only to 800, there were,—amputations, 44; cataracts, 43; fistula in ano, 32; strangulated hernia, 14; lithotomy, 14.

The physicians of *La Charité* are, MM. Fouquier, Lerminier, Rullier, and Rayer. M. Fouquier, one of the clinical professors of medicine to the faculty, though little known by his writings, enjoys a high practical reputation; unlike the other professors, he gives his clinique at the bed-side of the patient. Though, in some measure, a believer in the Broussain doctrines, M. Fouquier teaches the existence of essential fevers; he was one of the first to try and recommend the use of *nux vomica* in paralysis, and he has also made some interesting experiments on the action of urea on the urinary system.

M. Rayer, author of a work on diseases of the skin, is about to pro-

duce a new work on the same subject, accompanied by a series of plates, illustrating the whole of these diseases.

HOPITAL ST. LOUIS.

This hospital, situated at the extremity of the faubourg du Temple, was founded under Henri IV. It is destined exclusively to the reception of patients affected with skin diseases, scrofula, and rheumatism. The number of patients admitted during the year is about 6000 ; but, in addition, there is a kind of dispensary attached to the hospital, where external patients receive advice, medicine, and tickets for baths and fumigations. The treatment of tinea is exclusively confided here, as in the other hospitals of Paris, to the brothers Mahon, and the number of external patients affected with the disease amounts yearly to 8000. The hospital contains 72 baths, 15 large apparatuses for fumigating, and a large chamber containing vapor-baths, &c. The main part of the treatment at this hospital consists in the administration of baths, and fumigation with various substances : thus, during the year 1833, there were given to the house patients, baths, 5141 ; fumigations, 8882 ; douches, 4515. Total, 18,539. For the dispensary patients, baths, 43,760 ; fumigations, 37,118 ; douches, 1726. Total, 82,604.

The mortality of this hospital is naturally feeble, being about 1 in 16. The average duration of treatment is 60 days.

The surgical part contains 186 beds, distributed between M. Richeand, author of the physiology, M. Jobert, and M. Gerdy, who was lately elected by concours as professor of surgical pathology. The physicians are, MM. Emery, Alibert, Lugol, Biett, and Manry.

The head physician, M. Alibert, professor of materia medica to the faculty, has a ward of 65 beds, containing the female patients. During summer he lectures on diseases of the skin every Wednesday at ten o'clock, and shows a great variety of most interesting cases. His magnificent plates on skin diseases are well known to every one, but, unfortunately, are too dear for most pupils.

M. Lugol has 82 beds, containing the scrofulous patients, where his peculiar treatment may be observed.

M. Biett also gives a clinique on skin diseases : he has the male patients, amounting to 112.

HOPITAL ST. ANTOINE.

This establishment, situated in a remote and poor neighborhood, is but little frequented for instruction. It contains 262 beds. The surgeon is M. Berard, Professor of Physiology to the faculty. The physicians are, MM. Kapeler, Gueyrard, and Mailly.

HOPITAL BEAUJON.

This small hospital contains 166 beds. The physicians are MM. Renaudin and Martin-Solon. The surgeons are MM. Marjolin and Blandin. The number of patients affected with colica pictonum received into this hospital is usually very great, on account of its neighborhood to the extensive white-lead manufacture at Clichy. Its treatment is perfectly opposite to that employed at *La Charité*, and is called "the

method la charité." M. Martin-Solon commences with a purgative, composed of *Jal.* 12 gr.; *Sulph. Sodæ* 3iv.; *Mannæ* 3i.: in the evening a purgative lavement; and an hour after, an ounce of the syrup of diacodium. The same medicines are repeated the next day, and the treatment generally effects a cure in five or six days.

HOPITAL COCHIN,

A small hospital in the rue St. Jacques, containing 105 beds. The physicians are MM. Gendrin and Jadioux. The surgeon is M. Boyer, son, we believe, of the late Baron.

HOPITAL NECKER,

Founded in 1779, by Madame Necker, contains 124 beds. The medical service is confided to MM. Bricheteau and Delaroque: the surgeon is M. Laugier. The administration general have given M. Civiale a ward in which calculous patients are exclusively treated by the method of lithotrixy; for if we are to believe not only what is reported but written, the administration have been compelled to forbid M. Civiale to practise the operation of lithotomy, he has been so unsuccessful. According to the statements of M. Civiale, the success attending lithotrixy by the method of brayement employed at this hospital has been very great; but as his statements have not been confirmed in the report made by MM. Larrey and Double, we refrain from repeating them here.

HOPITAL DES ENFANS MALADES.

Before the year 1802, the sick children were mixed in the different hospitals with adult patients; since that period, the council-general has appropriated a special establishment for the treatment of patients below the age of sixteen years. The *Hopital des Enfants Malades*, situated in a healthy faubourg, at the end of the rue de Sevres, is composed of four parallel ranges of building, inclosing a large square, which is laid out as a garden. It contains 560 beds; 491 for the medical and 69 for the surgical patients. The number of children annually received into this hospital, averages about 2500, and care is taken to separate those affected with contagious diseases from the other patients; at least, the children affected with scabies are placed in a separate building; but those laboring under smallpox, measles, and scarlatina, are not isolated. We believe the experiment of placing the smallpox patients in a separate ward was tried for some years, but the mortality of the disease was found to be considerably augmented by this precaution. Indeed the general mortality in the hospital is great, and may be averaged at 1 for 4.50. In cases of smallpox, the deaths are to the cures as 1 to 2.15; and in measles as 1 to between 3 and 4: and the mortality in acute internal diseases as 1 to 3.42. Thus in the year 1822, there were received 2611 patients, who may be arranged under the following heads, viz.

Boys.

Acute Diseases.		Chronic.	
Medical affections	819	Scrofula	51
Surgical ditto	209	Tinea	46
Smallpox	51	Scabies	304

Girls.

	Acute.		Chronic.
Medical	777	Scrofula	16
Surgical	87	Tinea	56
Smallpox	42	Scabies	153

Of these, 709 patients died within a period varying from twenty-four hours to two years. For the itch, the period of cure varies from twenty-one to sixty-nine days ; for tinea, the average time is 156 ; and for scrofula, 288 days. The physicians of the *Enfans Malades* are MM. Jadelot, Guersent, and Baudelocque ; the surgeon is M. Baffios.

The boys, girls, and scrofulous patients of both sexes, are severally placed in a different part of the building, and each physician has the charge of advising for four months in the year, after which he passes to another.

The treatment pursued at the *Hopital des Enfants Malades* is of a very simple kind ; and except in acute inflammations of some of the great viscera or their lining membranes, active remediants are very seldom had recourse to. The writer has been in constant attendance on the practice of MM. Guersent and Baudelocque for the space of two years, and has seldom or never seen anything like an active purgative medicine administered. Calomel, the great favorite of many English practitioners, is rarely given, except in acute inflammation of the cerebral meninges, or croup, and then with very little confidence in its efficacy. Every patient who dies in this hospital is carefully examined after death ; hence, the precise nature of the disease is in most cases ascertained, and we must confess that a great majority of the post-mortem examinations confirm the opinion entertained by the physicians, viz. that two-thirds of the children who die, are cut off by inflammation (generally chronic) of the chest or abdomen. Hence the expectant method, as we would call it ; leechings with the use of revulsives, and strict attention to the bowels, are more in vogue than the repeated purging which we have seen employed in England. Perhaps hospital may differ essentially from private practice ; and the forms of disease which prevail where many individuals are assembled together, may vary from those seen in isolated cases : however this may be, we are certain, from extensive observation, confirmed by a multitude of autopsies, that in numerous cases which in England would be called atrophica, indigestion, diarrhœa, worms, &c. or any other name expressing rather the theory of a school than the diagnosis of a physician, the original cause of the disease resides in a chronic inflammation or ulceration of the intestinal canal. In cases of smallpox and measles, two-thirds of the children who die (at least in hospitals) are cut off by inflammation of the respiratory organs ; hence the medical officers of this hospital are peculiarly careful to examine the state of the lungs in patients laboring under the above-mentioned diseases, and apply themselves to combat the inflammatory affection, the symptoms of which are often very obscure, with energy and perseverance. We have seen M. Baudelocque employ the white oxide of antimony with considerable success in cases where the reduced state of the little patient would have rendered any abstraction of blood hazardous.

Although the *Hopital des Enfants Malades* affords the finest opportunity in Europe for the study of diseases of children, it is curious that it has not as yet given rise to the production of any complete system or work on those diseases. Billiard was a pupil of the *Enfans Trouves*, and his work, imperfect as it is, in the therapeutical part, is confined to the affections of children below two years of age. M. Guersent, from whose immense experience we should have a right to expect a complete work, enjoys, we fear, too extensive a practice to permit him to write; he has, however, produced various articles, in the Dictionary of twenty-one volumes, which merit the attention of every medical man.

M. Baudelocque has also taken advantage of the opportunities afforded in the scrofulous wards. By a long series of experiments, he has determined the comparative merits of all those medicines called anti-scrofulous, and if he has not succeeded in completely unveiling the nature of scrofula, he has at least the merit of having demonstrated the circumstances under which it is developed.

[To be continued.]

ACUTE RHEUMATISM.—CONSTITUTIONAL TREATMENT.

FROM PROF. THOMSON'S LECTURES AT THE NORTH LONDON HOSPITAL.

GENTLEMEN,—Since my last lecture, four cases of acute rheumatism have been admitted under my care into this hospital, and I believe my colleague Dr. Elliotson has also taken in some cases of this disease. The number of such cases is not remarkable at this season of the year, for although the disease appears at all times, yet it more especially makes its attack in autumn. It is not easy to account for this fact, unless we suppose that the changes of season operate upon the body nearly in the same manner as changes of climate. Thus we know that when a person passes from a dry and genial, or moderately warm climate, to one which is humid and relaxing; and more especially if this humidity be accompanied by a low temperature, congestions of blood take place in the larger vessels, the body becomes susceptible of the impression of moisture in a remarkable degree, and agues, rheumatism, and similar diseases, are produced.

Among the cases of this disease which I have taken in, one is in a state of convalescence, and will be discharged before we again meet; it is that of *Hannah Susans*, a maid servant, eighteen years of age, who was admitted on the 7th of December. This woman is of a sanguine temperament and a spare habit of body, and she says that she has generally enjoyed good health. She was attacked four days previous to her admission into the hospital with shiverings, succeeded by heat, with little perspiration, and these returned in successive paroxysms for two days, accompanied by dull aching pains in the joints, which increased so much in violence that she was forced to leave her place and return home to her friends, who procured medical advice for her. She says that she received much benefit from the treatment pursued; but, as the pains increased in violence, and she could procure no sleep on their account at

night, she came into the hospital. She attributes her complaint to sleeping in damp sheets.

Now this, or indeed the application of moisture and cold to the surface of the body in any manner, is one of the most frequent sources of acute rheumatism. But many individuals may be exposed to cold and moisture without suffering from acute rheumatism; thence a question arises—Is a certain condition of the body, a predisposition, necessary before this disease can supervene on the application of these exciting causes? In the case before us, I have not been able to ascertain the existence of any hereditary predisposition, which undoubtedly may be regarded as frequently rendering the system prone to be roused by any excitement into inflammatory action. Our patient is of a spare habit; there is no general hyperæmia, or excess of the circulating fluid; but, in her occupation, that of a servant, she was exposed to irregular heats and chills; and, consequently, retiring to a damp bed, whilst probably in a state of perspiration, it is easy to conceive that the atony which the application of the cold and moisture would produce in the cuticular capillaries, extending by sympathy to the rest of the circulating system, would produce a congestion in the larger vessels. It is the effort of the conservative power of the constitution to overcome this state that produces the phenomena of the febrile paroxysm, and by the unequal distribution of the blood probably sets up the inflammatory action in the joints which constitutes this form of disease. Be this as it may, there can be no doubt that, in almost every case of acute rheumatism, as in that which is under consideration, the febrile symptoms precede the attack of pain; and consequently the latter may be regarded as one of the indications of the presence of a peculiar fever, with as much reason as we regard the eruption of smallpox, or that of scarlatina, as obvious symptoms of peculiar fevers.

At the time of her admission, the patient complained chiefly of severe pains of the knees, joints, and elbows, which frequently moved from one limb to another, and were always increased by warmth and at night. She also complained of slight pain on pressure over the epigastrium; the tongue was furred; the pulse 100, and hard; the bowels were regular, and the urine was natural. The catamenia had been absent for three months. This last circumstance, as the patient was not pregnant, displayed a derangement of health, and no doubt tended to render her more susceptible of the impression of the exciting cause than she otherwise would have been. She was ordered to take one grain of *calomel*, one of *tartar emetic*, and one and a half of *opium*, every eighth hour; and in the intervals ʒi. of the *wine of colchicum*, with gr. xv. of *magnesia* in f. ʒij. of water. It may be necessary to mention here my reason for combining the *magnesia* and the *wine of colchicum*, an union by no means uncommon. In my practice it arises from a conviction, that much of the benefit of *colchicum* is due to its action on the orifices of the gall and pancreatic ducts in the duodenum, bringing into the gut the redundant secretion which always takes place in those important glands in a febrile condition of the habit; and, by carrying them out of the system, getting rid of one source of irritation, and enabling the circulation to proceed with more freedom and regularity. Now, when much acid exists in the stomach, the *colchicum* becomes too active, and passes too rapidly through

the duodenum ; so that, removing this by the addition of the magnesia, we can with more certainty reckon upon its influence being exerted on the orifices of those important ducts which open into the first gut, and the emptying of which is of so much importance. Our patient found great relief from this treatment, which was continued with little variation until the 10th, when the pains returned with as much violence as ever. The tongue, which had been previously cleansing, became again loaded ; but the pulse did not increase to more than 84, and was small and sharp. She was ordered gr. viij. of *calomel*, and a brisk cathartic to be taken about an hour afterwards, and to continue her pills and mixture after the bowels had been well purged. Notwithstanding this active treatment, the febrile symptoms and pains increased during the two following days, and, in the afternoon of the second day, she complained of severe pain in the back of the neck, and in the occiput. Finding that the sedative plan of treatment alone was not succeeding, I ordered her to be bled to the extent of twelve ounces, and to take immediately afterwards a pill containing a grain of *calomel*, a grain of *tartar emetic*, and two and a half grains of *opium*, and to repeat this, if the pain should continue, every sixth hour. This method of following bloodletting by a large dose of opium with calomel, often supersedes the further use of the lancet. It operates in two ways ; the calomel carried into the system stimulates the inactive capillaries, converting morbid into healthy action ; whilst the secondary influence of the opium tends to allay that irritable state of the nervous system which always is more or less present under the condition of the frame which accompanies rheumatic fever, and which is justly regarded as the pabulum, if I may so express myself, of inflammation. To prevent the recurrence, however, of the pains, I resolved also to take advantage of the contra-stimulant influence of tartar emetic in moderate doses, and therefore ordered gr. i. to be administered in solution every sixth hour. She has had no return of pain, she sleeps quietly, and complains of nothing except debility. She is now taking three grains of the *bisulphate of quinine* three times a day, and if she gain strength she will be fit to leave the hospital in two or three days.

You will perceive, Gentlemen, in the treatment of this case, and you will observe it in many future cases treated here, that no attention was paid to the local part of the disease, the remedies being directed solely to the relief of the constitutional disorder ; and you will reconcile this to the opinion which I have previously advanced, that the local pains are so completely symptomatic or dependent on the febrile disturbance, that the speedy reduction of this by vigorous measures invariably removes the pains without any local treatment. In the early part of my professional career, it was very much the custom to employ repellent embrocations in rheumatism ; but the result of this practice was frequently the migration of the pains from joint to joint ; and, occasionally, I have seen the inflammation transferred, by metastasis, from a joint to the heart, the stomach, or the brain, and a case terminate fatally, which, by general management alone, might have been successfully carried on to a favorable issue. I have no hesitation, therefore, in strenuously recommending you, in all cases of acute rheumatism, to leave the relief of the local affection to the influence of the constitutional treatment.—*Lancet*.

INSANITY, PRODUCED. BY MASTURBATION.

[Communicated for the Boston Medical and Surgical Journal.]

No cause is more influential in producing Insanity, and, in a special manner, perpetuating the disease, than Masturbation. The records of the institutions give an appalling catalogue of cases attributed to this cause; and yet such records do not show nearly all the cases which are justly ascribable to it. For it is so obscure, and so secret in its operation, that the friends in almost all cases are wholly ignorant of it. It is in a few cases only, where the practice of the vice becomes shamefully notorious, that friends are willing to allow its agency in the production of any disease, particularly insanity; and yet no cause operates more directly upon the mind and the feeling. The mental energies are prostrated by the habit in innumerable cases, long before the delusions of insanity appear. Indeed there are many cases, in which insanity does not intervene between the incipient stages of that mental and physical imbecility, which comes early upon the victim of masturbation, and the most deplorable and hopeless idiocy, in which it frequently results.

This is perhaps peculiar to this cause of idiocy. I know of no other which does not produce the ravings and illusions of insanity, or the gloomy musings, agitations and alarms of melancholy, before the mind is lost in idiotism. But the victim of masturbation passes from one degree of imbecility to another, till all the powers of the system, mental, physical and moral, are blotted out forever!

This is not, however, always the case. In some individuals there is all the raving of the most furious mania, or the deep and cruel torture of hapless melancholy, before the mind is obliterated and the energies of the system forever prostrated.

There are other circumstances attending the insanity from masturbation, which render this the most distressing form of mental disease. I allude to the difficulty of breaking up the habit while laboring under this malady. When insanity is once produced by it, it is nearly hopeless, because the cause of disease is redoubled and generally perpetuated. The libidinous desires are greatly increased, and the influence of self-restraint cannot be brought sufficiently into action to prevent the constant, daily, and I might say almost hourly recurrence of the practice. Thus the cause is perpetuated; and in spite of every effort, the disease increases, the powers of body and mind fail together, and are lost in the most deplorable, hopeless, disgusting fatuity! And yet the practice is not abandoned. All the remaining energies of animal life seem to be concentrated in these organs, and all the remaining power of gratification left is in the exercise of this no longer secret, but loathsome and beastly habit.

Those cases of insanity arising from other known causes, in which masturbation is a symptom, are rendered more hopeless by this circumstance. It is a counteracting influence to all the means of cure employed, either moral or medicinal, and coinciding as it does with whatever other causes may have had an agency in producing disease, renders the case almost hopeless. Of the number of the insane that have come under the observation of the writer (and that number is not small), few,

very few have recovered, who have been in the habit of this evil practice ; and still fewer, I might say almost none, have recovered, in which insanity or idiocy has followed the train of symptoms enumerated in a former paper, indicating the presence of the habit, and its debilitating influence upon the minds and bodies of the young.

Most of the cases of insanity from this cause commence early in life ; even confirmed and hopeless idiocy has been the melancholy consequence, before the victim had reached his twentieth year.

Of eighty males, insane, that have come under the observation of the writer, and who have been particularly examined and watched, with reference to ascertaining the proportion that practised masturbation, something more than a quarter were found to practise it ; and in about 10 per cent., a large proportion of which are idiotic, the disease is supposed to have arisen from this cause.

Would it be believed, if it should be said that the proportion will not vary essentially in the other sex ?

On a former occasion I observed that the absolute abandonment of the practice, even in those whose minds were unaffected by insanity, was not always easily effected. If no *voluntary* practice is continued, the habit may be so far established, and the susceptibility to the complaint be so great, that slight irritation will produce it, and that often for a long time after the danger is fully appreciated, and the victory over the propensity achieved so far as cautiously avoiding known and intentional indulgence. Nocturnal pollution and involuntary emissions come from slight causes and trifling irritation, but perpetuate for a long time all the train of unhappy influences that have been heretofore detailed. The unfortunate subject of this detestable vice, whose mental energy is unimpaired, and whose moral feelings are susceptible of impression, can be persuaded to abandon it, if the danger is set before him in its true light ; but hundreds can bear me testimony that the effects of it are long felt, and the involuntary excitement produced by dreams, lascivious companions, warm beds, and improper intercourse with corrupt society, has for a long time after had its influence in retarding complete recovery to health. With the insane we can have no such hopes, and no such prospects of cure. They will rarely form resolutions on the subject, and still more rarely adhere to them. Reason, the balance wheel of the mind, being denied them, they are obnoxious to the influence of all the propensities in a high degree.

After the practice of masturbation, as a voluntary habit, is entirely suspended, long and persevering efforts will be required to remove the effects from the system, and restore it to vigor and soundness. The individual himself must exercise great self-denial, and resolve to persevere with the means and overcome all obstacles that may be in his way, however formidable and difficult. The regimen to be adopted must be strictly adhered to on all occasions. As the inebriate would probably never conquer his appetite for alcoholic drink if he indulged once a month only—so in this habit, the occasional indulgence will thwart the whole plan of cure. The diet should be simple and nutritious ; the exercise should be moderate and gentle ; indulgence in bed should not be allowed, and the individual should always sleep alone. A mattress is

better than a soft bed. He should rise immediately upon waking, and never retire till the disposition to sleep comes strongly upon him. The cold bath is a valuable remedy ; a sea bath is better, and the shower bath often superior to either.

Narcotics, if there is a high degree of irritability in the system, are valuable remedies, of which conium, belladonna, hyoseyanus, nux vomica, and opium, may be used under different circumstances, combined or singly, according to the effects. Blisters and issues on the pudenda or perineum, promise well, and the different preparations of bark and iron, and other mineral tonics, should be used till all the effects of the habit are removed, till the propensity is fully conquered, and the constitution is restored to health and vigor. W.

March, 1835.

QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

AT no period of the world, even in the dark ages of superstition, has the profession of medicine been more thronged with impostors of the most daring effrontery than at the present time ; and it is astonishing that so many people, at this enlightened period of the world, when civilization and the arts and sciences are pouring their blessings in rich profusion around us, should be so easily duped into the grossest errors and imminent dangers, by these pretended *medical reformers*. Could a full history, for the last few years, of the sad results of successful quackery be presented to view, it would be a history of horror ! Neither pestilence, famine, nor the sword, even with the vile agency of Rum itself, could longer boast of its superior victories.

To charge men with the murder of their fellow beings in *cold blood*, is assuming a bold responsibility to oneself ; but the charge is true, and clear as the light which shines from the mid-day sun—and unless some efficient measures are resorted to by the medical profession, whose business it is, for the purpose of checking this increasing evil, and that speedily too, society will be cursed with a calamity more deplorable than any which has heretofore disturbed it, in any form or shape.

The question arises—What measures should be adopted ? I answer—Let every State, which has not, have its central medical society, with auxiliaries if necessary. Let this society institute a corresponding committee, who shall be required to communicate with every respectable physician within the borders of the State, for the purpose of obtaining, correctly, a statement of all the deaths which may have been caused by the agency of steam and lobelia, with all other effects which may have resulted from this barbarian practice ; and require the society to cause an annual or semi-annual report of the investigations of its committee to be made and published in the public gazettes. No honorable, high-minded physician would hesitate a moment to give a statement of such facts as might occur within the sphere of his knowledge.

In this way, only, can the extent of the evil be brought fully to the

view of the public. They will then see it in all its naked horrors and dangers ; and if then they will not profit by the facts, they would not be convinced though one should arise from the dead.

In the next place, let every honorable practitioner discountenance and denounce this system of quackery in toto, and determine not to visit any patient whatever who has suffered himself to be *tinkered upon* by these men, no matter how near to his grave he may have been hurried by such means.

Cannot some medical philanthropist suggest a better plan ? If so, duty to the profession, to his country, and to the human family at large, require that he should boldly announce it to the world. Let not delicacy forbid, when the welfare and even the lives of many of his fellow beings are in jeopardy.

I could mention many instances, Mr. Editor, of the shocking effects of this barbarous practice, at the bare relation of which, humanity would shudder ; and I cannot forbear, at least, the relation of one or two cases.

A lady in the county of —, in this State, was attacked last fall with bilious pleurisy, not so violent but that she might have been easily and speedily relieved by the proper remedies. Unfortunately, however, her husband had procured Thompson's book, and had studied it. Of course, he was well skilled in the cure of all diseases, *and he commenced on his wife*. He poured down the lobelia, and he steamed her from *day to day*, and still she grew worse ; her breathing became more difficult, and the poor woman became heavily oppressed ; her tongue assumed a fiery red, and her thirst was excessive. Yet not satisfied, her husband sent for his wife's brother, who lived in an adjoining county, and who was also a new-made doctor. He came ; the steam was redoubled and incessant : the poor woman grew weaker and weaker ; her voice became faint and feeble, she could not turn in her bed, and with difficulty could she move an arm, such was her exhaustion. Her countenance now assumed a ghastly glare, and she was evidently fast sinking. In this situation the *brother left her*, stating that the disease was such that it could not be cured. Through the interposition of friends, a physician was at length called. I know him well, and these facts were related to me by him. But he was called too late ; the fatal deed was done ; she was dead.

Again—a reverend gentleman who lived in the adjoining county to this, and who, for charity's sake, we would say had less of *brains than divinity*, became deluded and infatuated with Thompson's book. He praised it beyond measure ; it was the only safe guide for the cure of diseases ; and if it would do no good, it could produce no harm. This assertion was rather doubted by a neighbor who was present at the reverend gentleman's house. To prove his declaration true, however, he determined to take a portion of lobelia, that his neighbor might witness its harmless consequences. He prepared a dose about the middle of the day, which he triumphantly swallowed, and at twelve, that night, he was a corpse !

EDWARD DELONY.

Talbotton, Ga. March 4th, 1835.

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BOSTON, MARCH 25, 1835.

SMALLPOX IN THE HOUSE OF CORRECTION.

SINCE our last, two cases of smallpox have occurred in the persons of prisoners, at the House of Correction, located at South Boston. It seems that a man, recently sent there, had been in a house in Ann Street, from which a child with the disease had recently been carried to the Hospital; and having been immediately after sent to prison, carried the plague in his clothes. The Board of Health acted with praiseworthy vigilance, and ordered the patient to be forthwith removed to the Quarantine Hospital. Dr. Flint, the physician of the institution, has thoroughly vaccinated all the remaining prisoners, about one hundred and seventy, and the presumption is that the further progress of this dreadful malady is thus effectually arrested. Not a solitary case of smallpox remains in the city, so that our country friends have nothing to fear from this source in the metropolis, notwithstanding they may occasionally hear rumors at variance with this assertion.

Would it not be a wise regulation to require that every convict, on being received at a prison, should be vaccinated? Certainly it would obviate the extreme difficulty of managing this class of patients under the most trying circumstances.

Private Anatomical Lectures.—We understand that Dr. M'Dowell, who is called the *back-wood's-man*, and who could not succeed, a few years since, in obtaining the place of *assistant* in the Ohio Medical College, is now lecturing on anatomy, in Philadelphia, to a class of one hundred and ten pupils. This is certainly both an evidence of his qualifications as a demonstrator, and his tact in teaching a very difficult science. It is passing strange that some of the schools, whose operations are actually embarrassed by having chained to them uninteresting, unpopular and unqualified lecturers, do not secure the services of men whose powers are of that high order that they would raise the sinking reputation of any institution to which they might be attached. If medical reform is ever commenced in the United States, the first step will be an overturning in the professorships of some of the colleges. The time is coming when stereotyped discourses will not be tolerated in teaching a progressive science; and the professor who conscientiously discharges his duty, will labor to keep pace with the constant improvements and discoveries so important to the health and happiness of mankind.

M. Dupuytren.—This very distinguished operator died in Paris on the 8th of February, after a lingering illness of several months, aged 57. He has left the reputation of being the first operating surgeon in France, and probably in Europe. Domestic affliction preyed upon his mind for the last few years of his life. He has left Madame Beaumont, his only daughter, a fortune of nearly 7,000,000 francs, besides a legacy of 200,000

frances to found a chair of medico-chirurgical pathology. He has also left 100,000 crowns to found an asylum for twelve aged physicians. The annals of surgery do not afford the name of an individual so extensively known; and it is doubtful whether any man has existed who has performed so many operations in surgery, or who has exerted a greater professional influence throughout the civilized world.

Mortality of Philadelphia.—Agreeably to the returns of 151 practitioners of midwifery, there were born in the city and liberties, in 1834, 3937 males and 3635 females,—making a total of 7572 births; and as the deaths were 5073, there was a difference of 2499 between the births and deaths. Six hundred and thirty-six died of consumption, one hundred and ninety-five of smallpox, seventeen of varioloid, and two hundred and sixty-seven of fever.

Medical Memorial.—Twenty-eight physicians, of high standing, principally of Cincinnati, have addressed a memorial to the trustees of the Medical College of Ohio, beseeching them to reorganize the medical school of that State, by making a change in the faculty of the institution, so that it shall be more acceptable to the profession in the valley of the Mississippi, and more useful to medical science. Appended to the memorial is a letter from Dr. Drake, of that city, assuring the memorialists that he would not accept a chair, “unless such extensive changes were made as to create a prospect of immediate and permanent success.”

New Medical Books.—Our correspondents are frequently inquiring what new medical publications are in the market; but having seen none of late, our answers cannot be of any advantage to them or to authors and publishers. Certainly no great effort will be made to spread a knowledge of the existence of such works, if they are not sent to our address. Those who occasionally ask, as a favor, an announcement, will recollect that unless we see the book, no great good can be done either party.

Medical Merit.—Dr. Stagg, health officer of the city of Buffalo, N. Y. has recently been presented, by the citizens of that place, with a pair of silver pitchers, in remembrance of his faithful services at the time when the cholera prevailed, the last summer. This act of liberality and attention reflects great honor on those who have been mindful to acknowledge the services of their physician, when the danger has passed by.

Destruction of the Sheffield Medical School, Eng.—Report says that the destruction of the college buildings, which is represented to have been a most ferocious business, originated in drunkenness. Soldiers were called out to quell the riot. Particulars will be given hereafter, if anything of interest is developed in the course of the examination going on by the magistrates.

Smallpox in New Hampshire.—We are informed that in several towns in New Hampshire, particularly in Candia, the smallpox exists. The only course for the security of the public health is vaccination. It is

strange that the select men and school committees of all country towns do not require a general inoculation, at least once in every year, that all new-born children and new comers from other places may be unsusceptible of receiving this pest of the human race.

"Something Rotten in Denmark."—From the character of several brief communications, which have most mysteriously found their way to the editor's table, within a few days, it is obvious that there is, at no great distance, some medical machinery out of order. By an unalterable resolution, no kind of attention will be paid to anonymous articles, when their object is manifestly for the purpose of exciting a spirit of hostility and unkindness either towards an individual or a public charity. Instead of fanning a flame of discord, and contributing to raise a storm which could not be easily allayed, we shall endeavor to maintain peace and good fellowship, by keeping wholly aloof from squabbles for distinction. True merit will certainly be discovered;—and a man actually possessing extraordinary capacity and talents, can no more be kept long out of his appropriate sphere, than a volcano could be smothered by a napkin.

On the Use of Soot in Diseases of the Eyes.—The *Gazette Médicale*, for January, 1831, contains some facts collected by M. Carron-du-Villards favorable to the use of soot in diseases of the eyes. M. Baudelocque, physician to the Hopital des Enfants, has also extolled this article in scrofulous ophthalmia. The following is the formula of the first-named practitioner:—Soot, 3 ij.; dissolve in boiling water, filter and evaporate to dryness. The residue, which is very brilliant, is to be dissolved in boiling very strong white vinegar, with the addition of 24 grains extract of roses to 3 xij. of liquid. Some drops of this solution in a glass of water form a good resolvent collyrium. M. Carron-du-Villards recommends granulations of the cornea to be touched with a very fine brush wet with the following mixture. Take of Opium, 3 ij.; Cloves, 3 j.; Washed Soot, 3 iv.; Cinnamon water, 3 viij.; Alcohol, 3 iv. To be digested for six days in a warm place, and then expressed and filtered.—*Bulletin Général de Therapeutique.*—*Amer. Journ. of the Med. Sciences.*

Muriate of Ammonia in large doses in Phthisis Pulmonalis.—A young man, aged about 23, entered Catharine Hospital at Stuttgart, laboring under cough and purulent expectoration, with which he had been affected nine months. He also had occasional night sweats, and was besides affected with fever, disposition to vomit, and emaciation. There was pectoriloque in the subclavicular region. He took a drachm of muriate of ammonia every two hours, notwithstanding the diarrhœa, colic, and great prostration of strength. A gradual improvement of all the symptoms took place; and after persisting in this course for three months, during which time he took a pound of muriate of ammonia, all the symptoms, and even the pectoriloque, had disappeared. His improvement continued, and he bore the cold of winter well, until about the first of February, 1830, when he experienced an attack of inflammation of the lungs, which was dissipated without medical treatment.—*Otto's Bibliothek.*—*N. American Archives.*

NOTICE.—The following gentlemen are authorized to receive money due for the Medical Journal. Although we prefer, in all cases where it is convenient, that a direct communication be maintained between subscribers and the Journal office, yet as it may accommodate some to make a settlement nearer home, this list of agents is published:—Daren & Thatcher, booksellers, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hunkley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Jr. apothecary, Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; Mr. W. C. Little, bookseller, Albany, N. Y.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, Oswego Co. N. Y.; W. A. Gillespie, M.D. Ellisville, River Bank P. O. Louisa Co. Va.; Mr. L. Dwelle, Augusta, Geo.; Hedge & Lyman, Montreal. L. C.; Mr. Joseph Tardif, Quebec, L. C.; Mr. L. E. Van Buskirk, Halifax, N. S.

Those subscribers who have not paid for the last year are requested to forward the amount due, including the present year, directed to the publisher or to one of the above-named agents.

DIED—In New York, Dr. Samuel Osborne, 61.—Dr. George Wartz, of Morris Co., N. J. 58.

Whole number of deaths in Boston for the week ending March 21, 33. Males, 18—Females, 15.

Of typhoid fever, 3—dropsy on the brain, 2—measles, 1—lung fever, 4—brain fever, 1—consumption, 5—child bed, 2—cancer, 1—chronic consumption, 1—inflammation of the bowels, 2—decay of nature, 1—intemperance, 1—bowel complaint, 1—inflammation, 1—pleurisy fever, 1—old age, 1—cramp in the stomach, 1—unknown, 1—diarrhea, 1—canker, 1.

ADVERTISEMENTS.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

eptf.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post paid, directed to the editor, will reach the advertiser without delay. February 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 8.]

BARON PISANI'S TREATMENT OF THE INSANE.

EXTRACT FROM THE JOURNAL OF AN AMERICAN SURGEON.

WHILE at Palermo, last year, I visited the Royal House for the Insane, under the superintendence of an illustrious and devoted philanthropist, the Baron Pisani. He is a stoutly formed man, of rather low stature, and probably upwards of fifty years of age. He has the finely formed head and features so common among the Italians, and a countenance beaming with benevolence, clearly indicative of the pure fountain within. For many years he has given his whole time and faculties to the melioration of that most unfortunate class of human beings, persons afflicted with mental derangement. The zeal, cheerfulness, gentle temper and perseverance with which he pursues this apparently discouraging and in some cases hopeless work, elicit the warmest admiration and respect, from all who are able to justly appreciate his character and his labors.

Possessed of an ample fortune and an elegant and refined education, he applied himself in his youth chiefly to music, and became a good composer. After some time he felt a predilection for the study of antiquities, and being surrounded with them in Sicily, and every part of Italy also presenting objects to occupy him, his progress was commensurate with his abilities, industry, and the facilities afforded him.

He never would marry, although his father, with parental regard for his happiness, strongly solicited him to that important measure; as he was afraid it might interfere with his plans and prospects of travelling.

Not finding in the study of antiquities or the physical sciences that exercise for the affections and moral sentiments, which contributes so essentially to happiness in a mind sensitive and alive to social sympathies, he resolved to take upon himself the direction of what was then truly called the Mad-House of Palermo, but which his humanity and unwearied exertions soon transformed into an orderly and comfortable abode for its once wretched inmates.

The management of this institution differs in some respects from most of the others in Europe, of which there are many now on nearly the same plan; one at Saragossa in Spain, Willis's at Greatfort, Arnold's at Leicester, the Friend's Asylum at York, the Esquirol at Paris, and one at Vienna on which great attention has been bestowed.

The miserable condition of everything belonging to the house, when the Baron first entered upon his duties, was indescribable. It was then the abode of desolation and wretchedness. He found there a few squalid forlorn beings with scarcely a human appearance, in the midst of chains, filth and malaria. It resembled more a menagerie of wild beasts than a

human habitation. The treatment was worse than that which was formerly inflicted on felons and traitors.—His heart melted at the sight. He threw off their chains. He comforted them by consoling language and still more by kind actions. He gave them refreshing drinks and good food. He used towards them an affable and affectionate manner, and although deprived of reason they were conscious of the benefits they had received from him, and often the poor forsaken creatures would embrace him as their only friend. This stimulated him to new exertions. From sickly, pallid and unhappy, they became healthy and cheerful, and many showed him the greatest gratitude.

The old house was a series of little cells or prisons which enclosed only the insane of the city of Palermo. A new one was built, combining in its plan all the necessary comforts. Baths were constructed and cleanliness enforced as a most important auxiliary in the treatment. The new house contained apartments for the accommodation of all the deranged persons on the island. The tranquil patients or subjects were put at work of some kind. This was and is yet the only medicinal means employed, if it may be so termed, except in cases where some physical disease is manifested. As reason is restored, and when they become capable, they are employed in various useful and responsible little offices in the house. This is found to soothe their irascibility in some instances, and in many to rouse their ambition and self-esteem.

The assistants treat them on all occasions with the utmost kindness and tenderness. The furious and raving are confined when necessary by such an overwhelming force of assistants, that they scarcely resist, and sometimes the *camicia* is used (a species of hammock), by which the person is swung from side to side in a horizontal posture; this, with the free use of cold water to the head and face, tranquillizes them after a little time, and some have become fond of it. In less than three years the success of this institution has been such that fifty-eight persons have been restored to reason and to their families.

The Baron thinks that experience has demonstrated that insanity admits only of a moral cure. He confesses he has been more and more confirmed in this opinion, the longer he has continued to have charge of the institution; and although he is aided by every needful medical advice and assistance, he regards them as secondary in the prosecution of his plan. Far from being opinionative and ostentatious, he pursues his vocation in the simple, unaffected, humble spirit, which brought both philosophy and religion from heaven to make their abode among men. Nothing rude, nothing dogmatical or overbearing, no claims to superior knowledge, no personal vanity, mark the exalted course of Pisani.

He thinks the causes of insanity generally cannot be traced to any local lesion, but that the whole nervous tissues are more or less affected. His pathological views are given with the deference due to men who have deeply studied anatomy, physiology, and everything which can elucidate this intricate subject, with the literary part of which he has taken great pains to make himself perfectly acquainted. His library contains all the most celebrated treatises in every language; and among them I had the satisfaction of seeing that of our venerable countryman, the late Doctor Rush.

In the direction, except when the physicians are consulted, he is absolute, and it is surprising to see the influence he has acquired over his subjects. He spends the whole day among them. They call him their good father. They look with impatience for his return in the morning ; make their complaints to him as a child would to its parents. He hears them with attention, enters earnestly into their affairs and interests, affords relief when their grievances are well founded, reasons with them ; they take his arm and walk with him, holding long conversations ; they often kiss him, embrace him, and appear to adore him.

At one time he was obliged to be absent for two or three days, from indisposition ; his principal assistant, on whom his duties devolved, found the people extremely restive and refractory. At last, finding the Baron was recovering, he went to him, and begged him to come down to the house, if it were only for a few minutes, that they were all in a frenzy, and, in his own language, were "raising the devil."

He hastened to the house—his return was hailed with the greatest joy, and all were emulous to show him some token of affection.

Though, as has been stated before, the means of cure employed are mainly moral, they are well furnished with both physicians and surgeons, of the most approved and extensive experience. They have four Alumni residents, besides consulting physicians and surgeons, who attend three times a week. Once a week, a meeting takes place, of the Director, a Physician and Surgeon. The Director presides. The apartments are adapted and appropriated to their various uses ; a library of works on mental alienation, and every form of derangement of the intellectual and moral powers ; an anatomical theatre for the examination and preparation of morbid parts of those who die in the institution ; a museum for depositing interesting preparations ; the sight of all these, however, is carefully concealed from the patients. The words insane, crazy, mad, are strictly prohibited being used in their hearing.

In the archives, everything is carefully preserved, the history and termination of each case.

The assistants are four Custodi (keepers), and four others, from the tranquil insane. There is a governess also, who has her assistants from the tranquil, among the females. Conciliatory persuasion and gentle means only are permitted to be used ; the infamous use of the whip is not only abolished, but all harsh abuses or violent language and epithets are constantly rejected and carefully avoided.

Nothing, says the director, is more requisite than a strong force of keepers and assistants, for when it becomes necessary to resort to their aid to confine the violent and raving, if an overpowering number is sent, the patients submit without resistance, perceiving at once their inferiority ; otherwise they struggle, and if not immediately overcome, it exasperates their paroxysms and efforts. Four strong, robust men, are therefore kept, who possess intelligence and discretion, to manage this description of persons. The tranquil, who are at work, receive a small compensation per month for their labor.

A chaplain performs mass daily in the Chapel, and assists the sick and dying with the comforts of religion. All ages and sexes are admitted into the house, and the best history of their cases that can be obtained,

is procured and registered. The first thing after their reception, is a good bath and a clean suit of clothes.

The physician and surgeon are sent for to examine if any personal injury has been received, and to ascertain whether or not the disease is real or simulated. A separation is then strictly enforced from all former associations. No relations or friends are suffered to see them. This is of the first importance in attempting to disentangle the confused and knotted chain of thought, and in trying to renovate by new and simple impressions the regular and healthy operations of intellect. These are not to be admitted on any account, even after signs of recovery have become apparent.

Cleanliness has been found to have a most salutary effect, producing health, cheerfulness and hilarity almost as much among maniacs as among the rational. It is also found that a frank and benevolent conduct towards them procures their confidence, and in many instances they are capable of sustaining friendship and honorable sentiments.

Nothing has been found so effectual in breaking the morbid association as labor and fatigue. Those who are sufficiently calm to work are greatly benefited by it. Occupation not only relieves the intensity of the diseased functions, but procures for them refreshing and quiet repose. The director gives the preference to agricultural labors. The garden and grounds are consequently highly cultivated and adorned. No menial service is allowed to be performed by the maniacs. On fast days and Sundays they are indulged in plays and diversions.

The whole discipline is constant, uniform, consistent and invariable. They begin with mass in the morning by the bell. Then go to work—then breakfast. They again resume their labors, and it looks more like a house of industry, than a mad-house, where almost every one is employed at some useful manual work; the men improving the grounds and planting trees; the women in spinning and knitting, and whatever they like best.

At night, when they retire, the director accompanies each one to his or her room, with the keeper, bestows some kind words and little caresses on them, asks if they want anything, and promises them everything that will be good for them, and bids them an affectionate good night.

The *Canicia de forza*, already spoken of, is sometimes used when they refuse to work from perverseness. The tepid bath is also used to allay irritation.

When convalescence commences, as discerned by the return of the person to old habits, desire to see relations and friends, knowledge of objects and fears of again falling into insanity, the patient is immediately removed to another apartment and a new train of treatment commences.

The sufferings of the unhappy beings may be imagined by the fears they express of relapsing. They are at first entrusted with the care of their clothes and such other little things as are found to occupy and amuse the mind. They next receive the visits of the keepers, and are made as happy as possible by every indulgence that will divert them. They walk in the flower gardens, but are not permitted to see or hear an insane person. Care is also taken to avoid receiving premature visits

from relations and friends. No unnecessary or impertinent visits are allowed to them in this condition.

The incessant agitation attending on mental alienation produces in many cases insatiable voracity. In order to appease this as much as possible, a large proportion of bread is given them; thirty ounces in three portions daily. They have soup for breakfast—for supper fruit, salad, &c.; rice, cheese, and maccaroni are also freely allowed them. They have five ounces of meat, five days in the week. Mush is an article of diet much used by them. Beer and wine in small quantities are used in certain cases. Boarders are allowed coffee and all other luxuries of which they are fond, and to which they have been accustomed, provided they have not been found injurious.

While I remained in the house several little incidents occurred, illustrative of the Baron's manner towards his people, and method of treatment. As we passed along, a soldier still attached to, and wearing his old uniform coat, of large stature and veteran appearance, was sitting on a stone bench which projected from a wall perpendicular to it. He leaned forward with his elbows on his knees, covering his cheeks with his hands in a melancholy posture enough. The Baron perhaps thought he was musing too deeply, and that he would try and break up his "thick coming fancies." He raised the soldier with his hands into a more erect position on the bench. He kept himself carefully for a few seconds in the attitude in which the Baron had placed him. The Baron then took him by the breast of his coat and gently pushed him until his back was perpendicular to the wall, which made his posture very disagreeable and painful. He remained however even in this ludicrous situation for an instant, but then jumping up quite in a passion he told the Baron, "it is impossible for any one to sit that way, you could not sit that way yourself." The director laughed a little, and the soldier marched off with great dignity. In this case the director might at first have been taken for the maniac, and the soldier for the rational man. But mark what a great end was accomplished by this simple stratagem. The fast binding chain of melancholy was suddenly broken, and a new and rational train of thought irresistibly substituted.

He says the women are vastly more difficult to manage than the men, of which we had an immediate proof in passing through the female apartment. The room was spacious and airy, the inmates chiefly employed in preparing and spinning flax. One among them was in a dreadful paroxysm of rage and frenzy at some imaginary affront. She had a natural deformity of the head. Her forehead was nearly twice the natural height, and so was the top of her head. Her eyes were large and dark. Her person spare and of the middle size. Her appearance was frightful—and she had a terrible tongue, which on such occasions nothing could quiet. She went on with loud volubility,—scolding in *alta voce* at those who had offended her, and was not even restrained this time in the slightest degree by the presence or remonstrances of the Baron.

Those who were at work seemed alarmed and ashamed of their noisy companion, and several of them begged her to be quiet and behave better. The nurse, and a little girl of about twelve or thirteen (one of the assistants), of great beauty and intelligence, stood beside the maniac as

she made the house ring with her terrifying denunciations. The nurse and little girl were trying to pacify her—she refused to hear them, and even the mild voice of the Baron was for awhile disregarded. The little girl patted her cheeks—put her hand gently over her mouth;—she struggled to get her mouth free. The little girl kissed her on the cheek—she continued to bawl with a voice scarcely human. Her little friend would catch her by the nose, and again put her arm gently round her neck and kiss her; and after keeping up this badinage for about five minutes, laughing and talking kindly to her all the time, the maniac became more tranquil—the fierceness left her face, and she began to smile and then to laugh, but soon became nearly as bad as ever. The Baron told her she must go to the Camicia. To this she objected, and became more quiet. He then offered her his arm, which she put her hand in and went along with him, still scolding and complaining, but in a moderated tone. Having arrived at the swinging hammock, a strong man lifted her in, when she was laced tight so as to prevent any motion of her arms or legs. Her head was wet with cold water; she was given some to drink; the little girl and nurse threw some in her face, and swung her a good while from side to side. It seemed to affect her head; she rolled her eyes and was silent. In a few minutes she was entirely quiet: the little girl again patted her cheek and kissed it. We left her and walked round the garden. After a while we returned and took a seat under the shade. While there the woman approached us, and I could see the little girl telling her that she must make friends with her benefactor. She accordingly came up behind the Baron in a fine humor, and laughingly put her arms round his neck and kissed his cheek, appearing to feel contrition for her former conduct. He turned his head and smiled on her with great tenderness, as if nothing had happened, but said nothing to her, and she went away with her attendants to the apartment they had left.

The Baron relates a singular cure which he effected a few years ago by a simple little stratagem which suddenly occurred to him at the time. A woman, on becoming deranged, had resolved never to quit a certain position which she had taken, which was stooping down as low as she could but still resting on her feet. This bent her knees to the utmost degree; but in this way she continued long after she was brought to the house. She had continued for ten years without extending her lower extremities. When she came under his charge, he long tried to awaken her sensibility on some subject, without success. At length, he went to visit her one morning, and told her that he had come to the determination no longer to lead a life of celibacy, and had now come to ask her hand in marriage. She was at first indignant and requested him not to make fun of her. He pressed his suit with so much earnestness and with so many compliments, that at length she showed some attention to his conversation. He became more eloquent with his arguments for their union, and at last she smiled. It was the first time for ten years. She became more cheerful, laughed a little, and finally consented to marry him. The next day was appointed for the solemnization of the nuptials. All the tranquil insane were invited to the wedding. She was dressed and decorated like a bride, and then carried to an elegant arbor where a feast was prepared for all the guests. One of the keepers was dressed

as the Padre, a counterfeit ceremony was performed, and they all paid her the most particular marks of respect and congratulation, giving her the title she had acquired of Baroness. She tried to walk, but was unable to straighten her knees. The tendons in the hams had become stiff and contracted. She was carried, and placed at his right hand at dinner.

From this time her recovery commenced. By the employment of liniments, frictions and exercise, the use of her limbs was gradually restored, and she is now an intelligent and respectable lady of Sicily, who often laughs with the Baron, whom she calls her *esposo*, at the amusing freak of the marriage ceremony.

This renowned ancient state boasted of many great names, distinguished, and still known to the civilized world, for their genius, learning and patriotism. But there is a halo of moral sublimity now surrounding a modest and humble individual in Palermo, which not even the glories of Archimedes could shed—that man is Peter Pisani.

TIGHT LACING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A case of no ordinary character has of late come under my observation, and which, to say the least, has afforded subject matter for reflection, relative to the practice above-named. From a careful *manual examination* of the existing case, it appears that a complete *groove* or *excavation* around the body has been formed, and by the practice alluded to ; and which it becomes difficult to account for, upon any other supposition than that of *absorption*, and such as must necessarily prove prejudicial to health. That such an effect may be occasioned by *continued pressure* would seem to be admitted ; but how it could take place to so great an extent without a still more serious derangement of the vital functions, becomes a matter of serious inquiry. It was evident, however, from *inspection*, that the *mammary glands* were diminished, and the chest considerably *contracted*. This being the case, how could it be otherwise than that *sterility* should follow as a natural consequence ?

Much has been written and said upon two sorts of *absorption* ; viz. that which takes place from *surfaces*, and that which takes place in the *living solid*, and in the *internal substance* of organs. In the case before us, the materials taken up were not properly or really replaced, and a vitiated action produced an *atrophy* of the parts ; and consequently, there was a gradual or continual diminution of the *pectoral muscles*, and of the *fatty matter* of the *cellular texture*. The *superficial reins* were probably in some degree diminished in volume, and the circulation retarded ; but whether the chain of the *lymphatics* could be said to be broken or not, would be matter of inquiry.

As this is a subject of a delicate nature, and one that a *country practitioner* would be less likely to meet with, it is possible that in attempting to explain it by way of *absorption*, the undersigned has done no better than expose his ignorance, and want of experience ; but let it be as it may, he would humbly hope that the bare suggestion may serve to invite

the attention of the faculty to the matter, and induce them to raise their warning voice against a practice that is, to say the least, extremely unbecoming.

The *circular pressure* of the above-named practice (as we at present understand it), occasions an *absorption* that prevents the *deposition of new matter necessary to supply the waste*.

I feel much indebted, dear Sir, for the notice that is taken, in the *Journal*, of the small scrips that fall from my pen ; but if I can at least turn the attention of my medical friends or others to the consideration of subjects which appear to me to be of growing importance, I shall feel myself amply rewarded. I must say that I am much pleased with your *Journal*.
H. F.

Longwood, Va. March 15, 1835.

P. S. I am at present a convert to the doctrine of the *absorption of the lungs*, whereby poisonous substances, and even the *effluvia of marshes*, may be introduced into the circulation. As soon as an opportunity presents itself, I design to prepare, and send you, an essay upon the subject of *malaria*. I have not had the good fortune, yet, to lay my hand upon an essay that I understand the celebrated *Magendie* has lately produced upon *absorption*. I should be pleased to see the essay itself, or the sum and substance of it, in your *Journal*.

REMARKS ON FEVERS, WITH CASES.

BY JOSEPH COMSTOCK, M.D. OF LEBANON, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

FEBRILE affections are so immensely diversified, that even to give such a definition of *fever*, as will embrace all their diversities, is not an easy task. A frequent pulse, and increased temperature, though common in most cases, fail in some. At this time the writer has a patient, a man of 71, in which both these signs are lacking, although he has hiccups and a very foul tongue. It is a case of *lung fever*. A furred tongue, however, sometimes fails of accompanying very bad cases of fever. Nor does pain of the head, back, or any other part, nor thirst, attend every patient, even when his case may be an alarming one. Extreme thirst, as when the sick exclaim, "Oh ! I could drink the Delaware," is mentioned by Dr. Rush as a very dangerous symptom. Thirst, however, is a symptom in fever far less common than formerly. In a large majority of cases (I speak of course of my own patients), for the last twenty years, this formerly common sign of pyrexia has been absent, or seldom so intense as to be even mentioned. But for the above period, the typhoid diathesis has mostly prevailed ; and in fevers of the typhous kind there is less thirst than in those of an inflammatory character.

In the past winter, however, although the present writer has had several cases of typhous fever, and a greater number of its kindred disease,

scarlet fever, with sore throat,* yet a highly inflammatory diathesis, with pneumonic affections, has been most prevalent. Thirst has returned, and the lancet been frequently drawn, which during the typhoid diathesis was seldom unsheathed. Chills have also been more common than in the ataxic fevers of past years.

But there has been one irregular symptom accompanying a number of cases, which was a *sweat* rather profuse and universal, at the first commencement of the fever. In one case this sudoresis lasted a week, and I was inclined to view the patient in a typhoid state; when without exposure to cold, or any other evident cause, the sweat ceased and inflammatory fever succeeded, requiring three bleedings to subdue it. And never did I witness a buff whiter, thicker, or more cupped, than the second parcel of blood exhibited.

It is very prettily and justly remarked by Dr. Good, that no writer has hitherto been able to satisfy himself with his own definition of fever, and that therefore it is not extraordinary that he should not be able to satisfy others. This difficulty arises from there being few if any one of its symptoms constantly present in every case. The pulse, instead of being more frequent in every case, is, as he remarks from Dr. Musgrave, sometimes actually slower; and in the instance referred to, was (until after the patient was bled) down to 44 in a minute, in a patient with yellow fever.

I am not certain, however, that there is not a single trait in every case of fever which will distinguish it from all other diseases, and prove this much, but no more, that it is a *fever*. *This is a febrile effluvium cognizable by the smell.* This olfactory feature will even partially serve, in some instances, to distinguish one febrile affection from another. Typhous fever has the smell of mice or conium. Smallpox and measles have each their peculiar smell. It is not probable, however, that this discriminating test can be carried through as it relates to all fevers, but only so far as to distinguish all febrile affections from those which are unattended with fever. But he who should be able to tell the *cause* of fevers, would be a benefactor to mankind immensely more praiseworthy and invaluable than he who can define them.

The summary method of our transatlantic brethren of referring typhous fever, scarlet fever, and dysentery, to contagion, we cannot respond to. In the former, my experience has reached to at least seven hundred cases; the spontaneous origin of which, and the non-communication of it to nurses, attendants, members of the same family, and to myself, who never had it, have been so palpable, as to induce me to look for its causes to some other source. In scarlet fever, the present season, two children had it in a family of seven children; the first being a child four years old, who had been no where to contract it, and it was not in the neighborhood. One other child had a fever and swelled throat, without eruption. The other four had nothing at all of it. Yet Dr. Good, in his definition of this disease, says that it is "highly contagious."

* A case of the scarlet fever occurred in December, which was, according to Sir Gilbert Blane and Dr. Good, singular, as to the patient's age. This case was that of a woman in married life, 40 years old. She lived at the distance of seven or eight miles, and was dead before my arrival. I saw the corpse. The external parts of the throat, neck, and about the clavicles, were mortified.

Every principal viscus has a healthy action peculiar to itself, and also a diseased or morbid state, or deranged motion. This morbid state includes torpor, the extreme degree of which is *paralysis*, either partial or total, of a fibre, tendon, muscle, or viscus. We will refer to an instance illustrating both a state of extreme torpor, or paralysis of the stomach, &c. and also a change of diathesis from putrid to inflammatory.

A girl, six years old, had putrid sore throat, with such a paralysis of the vocal organs that her voice was reduced to a whisper. In six days the putrid and febrile symptoms were subdued by the assiduous administration of antiseptic febrifuges, such as quinine internally, poultices of Peruvian bark externally, and the exhibition of calomel, tincture of sanguinaria (U. States Pharmacopœia), hydriodate of potash, seneka, and squills. She was dismissed as out of danger. Four days afterwards, however (March 4, 1835), I was summoned again, and found that the croup, with all its horrors, had invaded, with high inflammatory symptoms, which required two bleedings. But the torpor of the stomach was most surprising. The emetic doses were gradually increased, till thirty grains of ipecac. with two grains of tartarized antimony were given for a dose, without the effect of exciting anything more than very slight and inadequate emesis. The tincture of lobelia (of the U. S. Pharmacopœia) was then resorted to, with more effect; but although by this, in a dose of ʒiij., she was relieved, the emetic operation was but moderate.

As ascertaining the prevailing diathesis of any particular period appears to be a very important desideratum, the following case seems to be appropriate. By it, as well as by the one just related, it appears that the epidemic constitution of the atmosphere may so change, as to alter the diathesis of a patient's disease in the same fit of sickness.

Mrs. B. was delivered of her first child by a female practitioner, January 8th. The child was unhealthy, bloody serum issued from its mouth and nostrils, and it died the next day. Three days afterwards I was called to visit the mother. She had fever, with a disposition to copious sweats, and a hard and tender spot, of the size of the hand, on the left side of the hypogastric region, without, however, any general inflation. Lochia very offensive, but from first to last copious. Chills slight, no puking, pulse about 120, lacteal secretion not diminished. Pain in the back and head, but not severe; slight pains in the thighs. I did not see the midwife, but was informed that the placenta was not easily nor speedily extracted. Was a part of it retained? I have reason so to think. The fever ran a course of three weeks, without any material variation from the above symptoms, except that the discharge *per vaginam*, towards the close of this period, lost its fetor, and became sanguineous, with remission of the febrile symptoms. Secretion of milk not diminished. *Treatment*, during this period—febrifuges, diaphoretics, viz. Dover's powders, which were used for the purpose, and had the effect, of diminishing and finally checking her debilitating sweats.

Jan. 28.—Febrile symptoms so far abated that bark, catechu, and Port wine, were directed.

Feb. 10.—Pulse quick, soreness and hardness of the left hypogastrium gone; but directly above the pubes, the same affection, with increased tenderness, and a *new* symptom, viz. extreme pain in passing water. In-

crease of colored evacuations *per vaginam*, amounting to as much as at the catamenial period, commenced just about four weeks from the time of parturition. Milk, as before, plentiful.

13.—She suffers more from passing urine than she did from the birth of her child ! Yet it could hardly be called a strangury, because she did not urinate often, nor in small quantity. Laid aside bark, wine, and catechu ; put her upon demulcents, with spt. nitri dul. and bled from the arm eight ounces.

14.—Pain in the pubic region so severe as to require from 1-4 to 1-2 a grain of sulphate of morphia, repeated once or twice in 24 hours, to control it. Urine not remarkably high colored, but containing mucus as thick as the mother of vinegar. Case now, evidently, an inflammation, and a severe one, of the neck of the bladder. No nausea, however, nor emesis. No hysteria. The patient can touch no sore spot in the passages.

15.—Calomel, 20 grains, followed by full doses of sulphate of magnesia.

16.—Operated sparingly. Abdomen and hypogastrium very hot, but not tumefied. Solution of camphor externally, was applied.

17.—Bled to 3 20. Blood covered with a thick white pellicle, or buff. Next morning very much cupped.

19.—Symptoms still continue. Bled 3 14.

20.—The patient is pale, with slight nervous symptoms and despondency. Demulcents and cooling deobstruents ; anodynes and febrifuges continued.

23.—The heat and febrile symptoms abated. Debility and paleness, considerable. Less distress in urinating. Had a consultation with his Excellency Gov. Peters, M.D. of Hebron, who saw the patient, and expressed his approbation of the general mode of treatment. He recommended demulcents, *pro injectio per vaginam*, in addition to her other remedies.

28.—Former distressing symptoms abated. She now complains, and it is her chief complaint, of a sore mouth ; from what cause is very obscure, for she has no signs of salivation, no aphthæ, no sloughs, nor redness of the parts complained of, nor the least swelling nor ulceration. The last time she complained of this singular soreness it was in the joints of her jaws. I on the whole referred it to one of the forms of hydra-headed hysteria, of which, considering the parts affected, and the probability of there having been, along with the vesical inflammation, a like affection of the uterus, she has been remarkably free.

March 1.—Put her upon the supporting plan, with small doses of bark, and allowed a teaspoonful of wine, and no more, two or three times a day.

5.—All her former symptoms abated, and a new one commenced, viz. *piles*, both bleeding and blind. Pain intense, hæmorrhage considerable. Prescribed sublimed sulphur, with super tartrate of potash.

16.—Recovered, and free from complaint.

Remarks. In bleeding Mrs. B. I deviated from all my former practice, she being the first and only puerperal patient which I ever bled ; for I never adopted fully the opinion of Denman, that this evacuation was

proper in common cases of puerperal fever. This case, however, was to me a novel one, and I resorted freely to that evacuation, from its symptoms, and its propriety has been justified by the event. Had I not bled at all, or *bled less*, the termination of this violent inflammation would have probably been in *abscess*.

[To be continued.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 1, 1835.

"THE CYCLOPÆDIA OF PRACTICAL MEDICINE AND SURGERY ;

A DIGEST OF MEDICAL LITERATURE, EDITED BY ISAAC HAYS, M.D. PHILADELPHIA."

OUR readers are aware that this work is in course of publication in Parts containing about 112 pages each. Five of them constitute a good-sized octavo. The fifth number was published in September last, and completes the first volume. We are thus presented with ample materials for judging of the general character of the work ; and although it may be considered a digression in us to call to it the attention of our readers, we feel it due to the highly respectable list of contributors, to give it at least a passing notice. We are the more desirous to do this, in consequence of its being the first attempt ever made in America to "present a digest of the existing state of knowledge on all the branches of the healing art." The importance and magnitude of the undertaking can only be appreciated by the profession. Such works have contributed largely to the advancement of medical science in Europe, and several on a similar plan are now in course of publication in France, Germany and Great Britain.

We have long desired an American Cyclopædia of Medicine. The progress of medical science in this country has suffered materially for want of proper books of reference. The rich contributions which the medical sciences have received from the discoveries of the 19th century are scattered over innumerable monographs, many of which are written in foreign languages, and accessible comparatively to but few. It is a lamentable fact, that we know of no popular work in the United States to which we could refer for a detailed account of the existing state of medical knowledge. The text books of the schools are too elementary ; and although it may appear invidious, we are bound to confess that nearly all our systematic works are crowded with nosological arrangements, details of symptoms, or a long catalogue of remedials, without giving the reader that philosophical and practical information which the present elevated condition of the science would suggest. This circumstance may be attributed in a great measure to their being very generally written by single individuals, whose unaided efforts, however just and meritorious, are seldom, if ever, adequate to the magnitude of the undertaking. A single branch or a single subject is often as much as the genius of one man can master. Medical science for the last half century has progressed with such amazing rapidity, that it requires no ordinary industry to keep pace with its improvements. We trust the time has passed when the metaphysical dogmas of the schools retarded its progress, by occupying the partizans of the different sects in unprofitable disquisitions upon their truth or

plausibility. The inductive philosophy has dispelled these barriers to its progress ; facts have supplied the place of hypothesis, and under the guidance of a philosophical experience, medicine is advancing towards that certainty and precision which characterize the demonstrative sciences.

From the tenor of the prospectus issued by the publishers of the Cyclopædia, we were induced to believe that most of the articles would be compiled from similar European publications ; but we are happy to pay the publishers the rare compliment of having accomplished more than they had pledged themselves to perform. The present volume is made up of original communications from distinguished medical men in different parts of the United States, and we have no doubt that its national character will continue to be preserved. The name of the author is appended to each article, and the writer is thus made responsible for his opinions.

The Cyclopædia of Practical Medicine and Surgery is on a much larger scale than the London work of the same name. In its general arrangement, and in the character of its articles, it bears a greater analogy to the Dictionnaire de Medecine et de Chirurgie Pratique. Copland's Dictionary, now in course of republication in this city, is inferior to the Cyclopædia in point of size. The letter A, in the former, occupies only 162 pages ; whilst in the latter work, 560 pages have not completed the articles under that head further than *Angina Pectoris*.

But it is not in size, only, that this work bears comparison with European ones ; we believe that it is not surpassed by any similar publication in purity of style, soundness of reasoning, and useful practical information. However others may be disposed to differ from us in this unqualified encomium, of one fact we are very confident, viz. that the American Cyclopædia of Practical Medicine and Surgery, from the circumstance of its being adapted to the state of medical science in this country, is much more valuable to the American practitioner.

It would afford us pleasure to give an analysis of its contents, for many of the articles are interesting and highly instructive to the general reader ; but we are in danger of transcending our limits, and must beg leave merely to advert to the manner in which some of the writers have executed their task.

The arrangement reflects great credit upon its learned editor, Dr. I. Hays. His pen has supplied many of the most valuable and important papers ; amongst which are Anæsthesia, Abstinence, Abdominal Pulsations, Influence of Air upon the Tissues, &c. His explanations of medical terms and technicalities, a very laborious part of the work, are given with clearness and accuracy.

Dr. Geddings, of Baltimore, has contributed very largely to the first volume. We have read the articles having his signature with interest and instruction. They are characterized by soundness of reasoning ; and the comprehensive manner in which he has described many obscure points in special and surgical anatomy, indicates a thorough practical knowledge of the subject. See Anatomy of Abdomen, Amputation, Anatomy, &c. &c.

The surgical parts of the article Abdomen are written by Dr. R. Coates. He has also contributed some valuable observations under the head of Adhesion. The writings of this gentleman are plain and practical ; they evince considerable research, and are evidently the production of a philosophical mind. His style in these articles is precise and systematic, to a degree that we should scarcely have anticipated from one who has occasionally pleased us by his imaginative writings. Medical authors are

particularly careless here. We find some describing the most simple facts with an ostentatious display of words and metaphors ; whilst others are so desultory and verbose that it is really painful to follow them. Were we disposed to carp, we might find fault with the style of two or three of the writers of the *Cyclopædia*. But they are rather guilty of inelegances than actual faults, which there is no time at present for noticing.

The numerous contributions of Dr. G. B. Wood by no means detract from his just reputation as a writer on *Materia Medica*. The article *Aloes* is decidedly the best we have seen upon that subject.

Dr. Dewees is so well known as a writer upon *Obstetrics* and the *Diseases of Females*, that it is unnecessary to eulogize his essays : yet, as an author, he is no favorite of ours.

The medico-legal remarks of Dr. Griffiths are judicious. His *Acclimatement* contains much useful and interesting matter. He writes in a happy style, and has contributed a number of medico-botanical articles that will be read with interest.

Dr. T. Harris is the author of a long and able dissertation, under the head of *Abscess*.

The articles *Absorption*, *Alteratives*, and *Anemia*, are written by Dr. Samuel Jackson. They present the reader with a lucid view of the existing state of our knowledge upon the subjects on which they treat, and contain some highly important original remarks, illustrated by cases which have come under the author's personal observation. The writings of Dr. J. are particularly worthy of notice, being both pertinent and logical.

Most of the subjects relating to *Chemistry* are from the pen of Dr. Bache. They are all written with that accuracy and clearness for which Dr. B. is remarkable. We are also indebted to him for an interesting article on *Acupuncture*.

Most of the contributions of Dr. Emerson are on cutaneous diseases. He has evidently paid considerable attention to affections of the skin. He has also written on *Affusion*. His style is terse and lucid.

Dr. Condie, well known to the profession as a writer, is the author of several well written physiological and pathological articles. Under the head of *Ages*, he has given an elaborate account of the "several stages through which the human body passes during its progressive development and subsequent decay, from the period of birth to that of its final dissolution." This is an important communication, and contains much to interest the general reader.

Dr. Warren, of Boston, has given some judicious observations on the action of air when admitted into the veins.

We are indebted to Dr. Horner for *Amblyopia* and *Anchylosis*. Under the latter head we have a supplementary communication from Dr. J. R. Barton, confirmatory of the success of his celebrated operation for anchylosis of the hip joint.

Aneurism is from the pen of Dr. Hodge. He has done ample justice to the importance of the subject, and excepting some little inelegances in diction, it is perhaps the most finished production upon aneurism which has appeared in this country.

The volume closes by a communication from Dr. Chapman on *Angina Pectoris*. He has given a graphical account of the disease, and his views of its pathology and treatment are illustrated by a number of cases.

We have thus presented our readers with a hasty glance at the contents of the first volume. We fear that on the present occasion we may be suspected of having acted the part of lenient critics : and if we have not been sufficiently censorious, we can offer to our readers no better apology than that we have endeavored candidly and dispassionately to canvass its merits. On consulting the list of contributors there are noticed the names of many individuals whose efforts are yet to be called forth. With such aid always available, the *Cyclopædia* cannot fail to succeed; and we confidently look forward to the result of their united exertions, as calculated to promote the cause of science, and the medical literature of our country.

Berkshire Medical Institution.—An unsuccessful appeal was made the last week, by the corporation, to the Massachusetts legislature, now in session, to obtain pecuniary relief. The committee, of whom Dr. Lewis, of Boston, was one, were impressed with the necessity of granting the institution one thousand dollars, annually, for five years, which would have enabled the trustees to have paid off the debts and put the public buildings in good condition.

Jefferson Medical College.—On the 12th of March, the degree of Doctor of Medicine was conferred on fifty-eight gentlemen : two hundred and thirty-three attended the lectures of the institution. This great class is certainly an evidence of the estimation in which the college is held by those who are competent to decide upon it.

An excellent Regulation.—The Board of Trustees of the House of Correction at South Boston, adverted to in the last Number of the Journal, have ordered that whenever a convict is received at that institution, he shall be examined by the physician, and if not vaccinated, the operation is required to be performed. We trust this excellent regulation will obtain at all prisons throughout the United States.

Cholera at Martinique.—Capt. Smith, of the schooner Northampton, 13 days from St. Barts, informs that the Cholera had made its appearance at Martinique. A vessel which arrived at St. Barts from that place, was not permitted to enter.

Smallpox.—This loathsome disease exists to a considerable extent in New Orleans. We understand it has also shown itself at South Reading, Mass. the last week, in two individuals. The physicians are meeting the danger, promptly, by vaccination.

Medical Jurisprudence.—Notice has been given that Dr. T. R. Beck, of Albany, N. Y. is preparing a second edition of his work on Medical Jurisprudence, which was well received by the medical public a few years since.—The Catechism of Medical Jurisprudence, by Dr. Williams, appears to meet the approbation of the class of readers for whom it was designed, and the sales will probably be fully equal to the expectations of the publisher.

Medical Students.—It was our intention to have given, this month, a statement of the number of medical students attending lectures in the United States the present winter; but our returns being incomplete, we merely state that it does not fall far short of 2,500.

It may appear strange that the Transylvania University, situated in the interior of the country, more than 500 miles west of Philadelphia, should rank, in point of number, second in our country; and in its ability as regards professors, we believe it will stand a fair comparison with any similar institution.

The printed circular for this winter presents a list of the names of 255 students, and as the names and residence of their respective preceptors are given, the catalogue must be correct.—*U. S. Med. and Surg. Journ.*

THE third and last paper of our correspondent W. on Masturbation, came too late for the present number. We rejoice that the melancholy effects of this vicious habit have been thus described by one so well qualified to exhibit them in their true light, and we hope that knowledge so important to many out of the profession will not be confined to the pages of the Journal.

The name of W. G. Dickinson, M.D. Franklin, Tenn. was accidentally omitted last week in our list of agents.

DIED—In Brunswick, Vt. Dr. Solomon Heaton, aged 65.—In Hartland, Vt. Dr. Rufus Wheeler, of Plainfield, N. H. 74.—In Exeter, Va. Dr. Wilson C. Selden, a surgeon in the revolutionary army, aged 74.—In New Gloucester, Me. Joel S. Stevens, M.D. an amiable man and good physician, aged 35.

Whole number of deaths in Boston for the week ending March 28, 29. Males, 18—Females, 11. Of consumption, 8—lung fever, 5—inflammatory fever, 1—infantile, 1—erysipelas, 1—typhous fever, 1—old age, 2—apoplexy, 3—sudden, 1—scarlet fever, 1—dropsy, 1—palsy, 1—epilepsy, 1—liver complaint, 1—fits, 1.

ADVERTISEMENTS.

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Boston, April 1, 1835.

WALTER CHANNING,
JOHN WARE,
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Boston, January, 1835.

(Jan. 6—15.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 8, 1835.

[NO. 9.]

THESES AT THE PARISIAN CONCOURS.

[See page 90.]

ARGUMENTATIONS ON THE THESIS OF M. VELPEAU, BY MM. LISFRANC
AND BERARD.

Remarks of M. Lisfranc and Replies of M. Velpeau.

M. LISFRANC.—In page 91 of your thesis, speaking of the doctrines of M. Fleurens, and the manner in which compression of the brain is produced, not merely by the presence of a certain quantity of fluid in the cavity of the skull, but by the indirect influence of the osseous case, reacting on the extraneous body, you say that M. Serres (*Ann. des Hopit.*, t. 1, p. 250) has omitted to take this peculiarity into account, and hence concluded that fluids effused within the skull were incapable of producing compression, and that the trepan, in this respect, was almost useless. I think you have here fallen into an error, and attributed to M. Serres ideas which he never had. M. Serres was perfectly acquainted with the influence of the osseous skull in giving rise to compression, for he always took the precaution of closing the orifice by which he introduced the fluid, and thus placing, as far as was possible, the skull in its natural condition.

M. VELPEAU.—The observations and experiments of Serres all tend to prove that the effects of effusion into the cavity of the skull are not dangerous, and that a considerable quantity of blood may be shed between the membranes, without causing any derangement or trouble in the functions worth noticing. He attributes many of the symptoms of compression to alterations of the cerebral substance, and neglects altogether to take into consideration the reaction of the skull on the effused matter.

M. LISFRANC (*Interrupting*).—But I say yes; for why did he close up the opening which he made into the skull, if it were not for that object?

M. VELPEAU.—Serres closed the opening merely to prevent the issue of the fluid which he injected, not to represent the integrity of the skull, for he nowhere speaks of the resistance offered by the bones as the principal determining cause of compression. Had he done so, he would have agreed with other writers, and it would not have been necessary for M. Fleurens to refute his doctrine in the manner he has done.

M. Lisfranc, after some discussion on this point, attacked the author of the thesis for having spoken too lightly of trepanation as a surgical operation, which he says (p. 143) “presents no difficulty whatever.

There are few operations in surgery more easy or more simple, and without ignorance or awkwardness the surgeon can make no mistake of consequence." I do not (pursued M. Lisfranc) regard the application of the trepan as so simple or easy an operation as you here represent it to be. While I was employed in giving lessons in operative surgery I had frequent occasion to see the trepan applied by surgeons and physicians who came to me from the provinces, and the mistakes made were much more frequent and serious than you seem to think of: for example, I have more than once seen the dura mater opened.

M. VELPEAU.—I do not say that trepanning does not require some degree of dexterity, but I maintain that it is an easy, a very easy operation. You have here no long or laborious dissection, no very important points to avoid, no arteries to take up, &c.; you have simply to divide a certain quantity of bone. As to the injury of the dura mater, a surgeon must indeed be very awkward to wound it; besides, division of that membrane is not a very grave accident; by no means to be compared with the division of a main artery or nerve, &c. in various operations on the extremities.

M. Lisfranc answered to this—in the short, caustic, almost contemptuous manner which he so often employs—I regard injury of the dura mater as a much more severe accident than you do. M. Lisfranc then referred to the uncertainty of opinion which characterized the thesis, and to some contradictions, even, which required to be rectified; thus in one place, where fissure is spoken of, the author says, "if the fissure be large and the blood escape freely, trepanning may be deferred when the symptoms of compression are not very severe; in opposite circumstances the trepan should be applied to the exclusion of all artificial separation;" but in page 53, M. Velpeau distinguishes some cases of effusion in which the trepan is not absolutely necessary:—"Thus, when the fracture presents some slits gently separated from one another, the interval of the fragments may be increased for the moment, and the issue of the blood, if it still remain fluid, be favored." This, said M. Lisfranc, is a manifest contradiction; in one place you say the trepan should be applied to the exclusion of all separation, and in a subsequent passage you recommend what you have before condemned; the words are clear.

M. VELPEAU.—In the first passage I spoke of the *permanent* separation of fragments as practised by Giraud. In the second I refer to a *temporary* separation, which is quite a different thing, and say that when it is easy to separate the bones for a short time, it is better to do so than to trepan, but if it were necessary to keep the fissure open for several days, I regard it as a bad practice, and would sooner trepan.

M. Lisfranc again pointed out a contradiction. In page 244, you "trepan for all effusions, wherever situated and of whatever nature;" while in page 246, you say the trepan is not indicated when the effusion of blood or pus is diffused. Now I should like to know how you distinguish or are able to tell whether an effusion of blood be diffused or circumscribed, whether pus be infiltrated or collected in an abscess. You may have an effusion covering half the hemisphere, or merely extending for six or eight lines in diameter; here are two cases which we have no means of distinguishing by the symptoms, and in general the two species

of effusion are liable to be confounded by the best surgeons. I have myself seen many cases in which, were we to follow the symptoms given in books, you would have said the effusion was diffused, but on opening the body after death we found it perfectly circumscribed.

M. VELPEAU.—In circumscribed effusion you have certain local symptoms connected with the point of the brain which is the seat of the injury ; these are generally sufficient to show that the effusion is confined to a small space. When the fluid occupies a larger surface and is diffused, you have paralysis, &c. and all surgeons point out the difference between the two forms of effusion. With respect to the cases to which you have alluded, when a great part of a hemisphere is covered, the fluid is either laid on in a thick or a fine layer ; in the latter case there is no paralysis, no compression ; if the layer be thick, these symptoms of sudden compression are manifested ; this shows how we can distinguish certain forms of effusion. When the fluid occupies only half a hemisphere I regard it as circumscribed, though you do not.

M. Lisfranc did not consider any effusion circumscribed unless it was collected into an abscess (foyer) ; besides, he could not allow an effusion of fluid extending over half a hemisphere to be circumscribed.

Remarks of M. Berard and Replies of M. Velpeau.

The length to which we have already carried our report will permit us to give the remaining argumentations only very briefly indeed.

M. Berard began by asking the candidate what symptoms distinguished fractures with depression from sanguineous tumors under the scalp (*bosses sanguins*, we did not exactly catch the word) ; one requires the trepan, the other not ; he did not find them distinguished in the thesis.

M. Velpeau would ask in reply whether the speaker was unable to distinguish them by the symptoms detailed ; if not, let him state in what respect there was an omission or deficiency, and he should have an answer.

M. Berard, after some remarks on the application of the trepan in cases of depression, recurred to the objection already advanced by M. Lisfranc, on the diagnosis of circumscribed and diffused effusions, which he said M. Velpeau did not distinguish in his thesis sufficiently well.

M. Velpeau did not think he was bound to enter into these particularities, he had merely to treat the symptoms in a general manner ; if he had a patient before him, it would be a different thing ; then he might lay down the distinguishing symptoms.

M. Berard opposed to this that as he had entered into the symptomatology of compression, contusion, commotion, &c. of the brain, he should have equally spoken of the distinguishing symptoms of diffused and circumscribed effusions, particularly as the treatment with regard to the trepan was so different. Besides, said M. Berard, there is a marked indecision of opinion running through your whole thesis : at one page you say one thing ; a few pages further on you differ from yourself ; and if we read on we soon find an opinion quite opposite ; here is a proof :—in page 96 you say—“Contusion of the brain is a frequent complication of wounds of the head,” and you ask if the trepan may not be applied to

prevent the accident which follows it (*à titre de moyen preventif*) ; in page 114 you recommend the trepan for contusion, when announced by a certain set of symptoms, as dull pain, &c. ; and again, in page 245, you say, "we trepan in contusion of the brain, with symptoms of supuration or paralysis." Here are three different opinions ; first, the trepan to prevent accidents of contusion ; second, you trepan in all cases of contusion, on account of the accident itself ; third, you trepan in contusion only where there is paralysis or supuration.

M. VELPEAU.—In page 245 I spoke of contusion and the trepan in a general manner ; at page 114 I say we may ask whether the trepan be proper or not when certain symptoms of contusion, such as dull pain, a sense of pressure, &c. are felt.

We need report this debate no further. It yielded nothing more which possesses interest for the English reader. We have still, however, something to add which is necessary to render our record of the concours complete,—a record which is unique of its kind in our own language, and calculated, we believe, to yield much gratification, in the perusal, to the profession. We are enabled to conclude our notice this week, by announcing that after a doubtful contest between M. Velpeau, M. Blandin, and M. Sanson, the first was chosen definitively, and that

The nomination of M. Velpeau to the Chair of Clinical Surgery took place on Wednesday, August the 6th, at five o'clock in the afternoon, M. Velpeau having obtained seven votes, and M. Sanson five.

REMARKS ON FEVERS, WITH CASES.

BY JOSEPH COMSTOCK, M.D. OF LEBANON, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

[See page 128.]

ISOLATED cases of fever, and indeed of all other diseases, if they have no general bearing upon the healing art, and if they stand detached from principles, precepts and inferences which may be applied either to other cases or to the prevailing diathesis or epidemic constitution, are of little utility.

To illustrate this subject still further, I will briefly refer to a case which occurred whilst I was residing in the State of Rhode Island, and during the reign of typhous fever there, and which has never been published.

Mrs. C., a lady of distinction, became my patient, Dec. 1814, having been pronounced by her former physician in a state of confirmed hectic. She had night sweats, cough, expectoration, swelled ankles, and a pulse of 140 in a minute. This extreme quickness of pulse, strange as it may seem, was the only symptom which gave me any reason to hope that her hectic was not confirmed. My reasoning was, that this *extremely* quick pulse partook more of the reigning and all-controlling epidemic, than of consumption. She recovered, and in the autumn of the next year became pregnant ; and I have no doubt that the atmospheric cause, which in the village where she lived produced malignant typhus, *converted* her

hectic, and materially affected her recovery. It was with this point in view, that I first thought of introducing this case here. But the sequel and further notice of it being somewhat interesting, and also, as the writer thinks, throwing further light upon the subjects of this paper, a notice of it will be continued.

In April, 1816, the measles were in Mrs. C.'s family, which she never had, and which, although in the eighth month of her pregnancy, she could not nor did not attempt to avoid, the family being large and requiring her care. Since her pregnancy, she had suffered much from pain in the iliac regions, her general health not being fully confirmed. On the 21st of that month the writer was called in the evening, she being seized with a violent pain in *one tooth*, with nausea and *very high* fever. During the evening she threw up a quantity of dark green, almost black matter, from her stomach. The same night a reddish eruption appeared in her face, and no doubt now existed that her illness was an attack of measles. The next morning, however, the pain in the tooth and the eruption in her face had entirely subsided. Travail pains came on with vigor and celerity, taking the place of her fever and all other complaints. She was delivered the same forenoon of a dead child, having a breech presentation, six weeks prematurely. To add to the difficulties of an already critical case, a retained placenta was found to exist, with flooding, which for two hours made my situation distressing in the extreme. But at the end of this period, a slight pain aided in its extraction. Earlier than this I was unable, *manus in utero*, to bring it away without using such a degree of force as could not be justified. No symptom of measles ever again recurred, their action on the arterial system being overcome, as I think, by the pains of parturition, and their contagious nature, or assimilating quality, being expelled by the accompanying evacuations. Or however otherwise accounted for, or however unaccountable, nothing further of the measles ever occurred.

Various as the remote causes of fever may be, the *proximate* cause must be considered the same, and the removal of this as a removal of the malady. If the parturient evacuations are not considered sufficient, we have in the conclusion of this case *imposthume*. Mrs. C. continued for six days after her delivery nearly as comfortable as women usually are in similar circumstances. She was then seized with a bilious fever, which lasted five days, and then gave way under the evacuant treatment with calomel. But a new complaint succeeded. It was a troublesome pain, shifting, but every afternoon occupying some part of the hypogastric, or sacral, or pubic, or coxygic regions, with fever and difficulty of passing urine. Pulse 120 to 130. No chills, but partial sweats, about the head and face. On the 3rd of May a consultation was held with her former physician, a gentleman of respectable talents, who now adhered to his former opinion, viz. that Mrs. C. was in a confirmed consumption, although her cough and former phthisical symptoms were not present.

On the 8th of June, the harassing pain still continuing, mitigated only by opiates, a consultation was held with the first medical character then in the State, Pardon Bowen, M.D. of Providence. As she never had any difficulty of supporting herself on her feet, or walking, it could not be considered as a forming-psoas-abscess; but Dr. B., as well as myself,

thought it likely to end in an imposthume of some part within the hypogastrium. Our prognosis was not unfounded; twenty days after this consultation, and sixty-seven days after parturition, purulent matter appeared, issuing from the urethra, of a greenish color. And what is sufficiently remarkable, this purulent discharge, which continued for three weeks, was never mixed with the urine! The two evacuations, although from the same orifice, always flowed independently of each other. The idea of a valve, with its fastening or hinge upwards, on the inside of the bladder, which closed as the urine passed over it, and opened by the pressure of the purulent matter behind it, was the way in which I accounted for this at first unaccountable phenomenon. The reader, if not satisfied with this, must form a more plausible conjecture for himself. The difficulty of passing urine abated after the bursting of this abscess. Extravasation, with its appalling miseries, haunted my imagination, but it did not occur. Mrs. C. recovered of all her ills, slowly but permanently, and thirteen years afterwards had nothing of consumption.

Zimmerman, from Dr. Friend, gives the history of a case of fever, in which an abscess of the bladder took place, simulating stone. The patient died, an examination was made, and the seat of the abscess found between the neck of the bladder and rectum. Certain symptoms in my patient, which I fear making this article too long to detail, led me to form a decided opinion that this was the identical seat of the abscess in the case of Mrs. C.

LUNG FEVER. The term *lung fever* has not, to my knowledge, been adopted by any reputable writer. It is applied in popular language, of late, to almost all pneumonic and catarrhal affections with fever. I am decidedly against new names, when we have already too many old ones. But if the term must be retained, as it probably will be, it ought to be restricted within certain appropriate limits. There have been some cases of fever the present season with congested lungs, cough, expectoration sometimes streaked with blood, and difficult respiration, but without any pain about the thorax! This singular anomaly I could scarcely realize, because everything denoted acute pain in the chest. Such cases have sometimes proved fatal. If the term *lung fever* could be confined to such cases, its use would not seem unappropriated.

March 20th, 1835.

EFFECTS OF MASTURBATION, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

AVOIDING, as I intended, all consultation of authors on the diseases which follow Masturbation, I shall only detail cases that have come under my own observation, and remedies of which I have seen the good effects. I commenced by remarking that the symptoms attending the early indulgence of the habit can always be cured, if the practice be wholly discontinued. From the apprehension that the cause of these symptoms is often overlooked, by the best physicians, it is conceived that the history of the first impression of the habit upon health and intellect is of the

greatest importance. Whenever, therefore, a train of symptoms, such as was described in a former paper, takes place at a time of life most obnoxious to the injurious influences of masturbation, the cause not being apparent, the patient should be closely questioned as to this habit ; and but too often the whole mystery of cause, so long unknown to patient, parent and physician, will be developed.

A respectable young gentleman, of one of the learned professions, was out of health for a long period ; his head and eyes suffered exceedingly, and he was in a state little short of insanity. He placed himself under the care of one of the most eminent men in the metropolis, and followed his prescriptions a year, but without benefit. He then called upon another, who asked him whether he was addicted to masturbation, to which he answered in the affirmative. The advice given him was principally to abstain from the indulgence, and his health gradually improved, and is now re-established.

B. D., aged 20, had had ill health for a year or more ; he was pale, feeble, nervous—lost his resolution—had no appetite—took to his bed most of the time, and became dull, almost speechless, and wholly abstracted and melancholy. His brother was his physician ; but not ascertaining the cause of his symptoms, he gained no advantage over the disease, and the unhappy young man was constantly losing strength and flesh. After a while he came under the care of the writer. He was in the most miserable condition conceivable ; emaciated, feeble, pallid—had night sweats, diarrhœa, or costiveness, total loathing of all food ; his heart beat, his head was painful, and he felt no desire, and would make no effort, to live. Suspecting masturbation, I found, upon strict inquiry and watching, that my suspicions were well founded. I pointed out the danger of the practice, assured him that it was the cause of all his sufferings, and that he might be restored to usefulness and health again if he would strictly adhere to the course prescribed for him. He took bark and iron alternately for a long time, pursued a course of gentle exercise and invigorating diet, and gave up at once the vicious indulgence. After a long time he wholly recovered, and is now a healthy and valuable citizen.

P. W., aged 27, called for advice in the summer of 1834, having had ill health for some eighteen months or two years. He complained of confusion of the head and pain in the eyes, indigestion, palpitation of the heart, and difficulty of respiration. His sleep was disturbed, his temper irritable, and he felt dissatisfied with himself, and greatly inclined to gloom and melancholy. He complained of listlessness and indisposition to any bodily efforts, and of inability to fix his mind upon any subject, or give his attention to any business. His hands were cold, countenance pale and dejected, pulse frequent, and his whole system in a state of great irritation. It was ascertained that for two or three years he had been in the daily habit of masturbation. For eight or nine months last past, he has discontinued it ; he is, however, occasionally subject to nocturnal emission, which has thus far interfered with his recovery ; but he is better, and under the use of tonic remedies, exercise and generous diet, feels confident of recovery, having regained his spirits and appetite.

H. F., aged 20, was for a long time in the habit of masturbation. He was for years confined to the house, and much of the time to his bed. By long indulgence the habit had become irresistible, and the consequences truly deplorable. His mind was as fickle and capricious as that of an infant, and his health was wholly prostrated. For five or six years he was the most wretched being imaginable. Nocturnal pollution, spontaneous emission, and all the evils resulting from unrestrained indulgence, were presented in this truly unhappy young man. He had been apprised of the danger which the continued practice would bring upon him, and was sensible that all his trials had their origin in this vice; and yet the propensity had become so strong that he could not resist it, and if he did, the consequences had become such that little benefit was derived from his good resolution. In his intercourse with his friends he was covered with shame and confusion, and seemed to feel conscious that every individual that he met with knew, as well as himself, the height and the depth of his degradation. In this condition, in a fit of desperation, he attempted to emasculate himself, but succeeded in removing one testicle only. After he recovered from the dangerous wound which he inflicted, he began to get better, and after two years he recovered his health and spirits. He has since, at the age of 45, married a very clever woman, and they live in peace and harmony.

H. —, a young man 20 years of age, had been feeble and dejected for two years. He was pale, torpid, irresolute, and shamefaced in the extreme—so much so, that I could not catch his eye during a sitting of an hour. He complained of his head, of short breathing and palpitation of the heart, and of extreme debility. His extremities were cold and damp, his muscular system remarkably flabby, and his snail-like motions evinced great loss of muscular strength. His father, who accompanied the young man, said that he had consulted many physicians without benefit. The moment that he came into my room I was strongly impressed that he was the victim of this solitary vice. I questioned him some time without ascertaining the cause of disease. His father was wholly ignorant, and the physicians had not suspected it, or inquired concerning it. I requested a private interview—told him the danger of such habits, the importance of ascertaining the true cause of disease, and my suspicions that he was in this habit, and that if so, he would soon fall a victim to its influence. He then acknowledged that he was in the daily practice of masturbation, and had been for three years—that he often also had spontaneous emission, &c. He had never suspected that it had any influence upon his health.

The symptoms which follow masturbation, viz. nocturnal pollution and spontaneous emission, often continue after the victim of the vice is made sensible of the danger of voluntary indulgence. These require distinct and separate consideration. In some cases they become very obstinate; and in spite of every effort, continue to make such a waste of vital energies as to prevent a recovery of the health—and the new form of disease continuing, the same fatal results follow which take place from a continuance of the habit. The local irritability of the organs of generation often becomes so great, that the ordinary evacuations of the bowels and the bladder produce an emission; and even lascivious ideas,

riding on horseback, or other equally slight irritation, has the same effect. Such cases require the utmost care, to afford any chance of recovery.

In addition to the common remedies prescribed for the effects of masturbation—as bark, iron, silver, the cold bath and shower bath, &c. which are valuable remedies for this local, as well as for the general debility attending the habit—other remedies, of a more stimulating character, and that have a more direct local effect upon these organs, are also indicated. Of these, tincture of lytta, bals. copaiva, and nitrate of silver, may be named. The strong tinct. of lytta (made of pulv. lytta, 3 10. alcohol, lbj.) may be taken in doses of from 10 to 20 drops, increasing, so as to produce a slight irritation of the urethra, and continued in such doses as will keep up this effect without occasioning actual pain. The dose should be repeated three or four times a day, generally. The very best effects often result from the use of this remedy.

Balsam of copaiva, if the urethra is irritable, may be a valuable remedy. Nitrate of silver is also both useful as a general remedy, and as having some local action on these organs. From one to four grains may be taken daily, combined with a little opium, to prevent irritation of the stomach and bowels.

In leucorrhœa, which too frequently arises from this cause, these remedies promise much; and when prescribed in efficient doses, often effect a cure, whatever may have been the cause of the disease. It is not too much to say, that no one cause more frequently affects the health of females, and lays the foundation of fatal disease, than severe and long continued leucorrhœa; and yet, if attended to early, it is easily cured. It ought, however, even if slight, never to be neglected. W.

March, 1835.

WORCESTER INSANE HOSPITAL EXPENDITURES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your statement in relation to the expenses of the State Lunatic Hospital in Worcester, Mass. you made a natural mistake, which a second reading of the Treasurer's Report will show you. On page 18 of the Report the whole amount of payments is \$18,972 87—from which is to be deducted the sum of \$3,132 60, leaving the real expense of the Hospital for the year to be only \$15,840 27;—a difference worthy of notice in these days, when so many men measure the expediency of restoring the true image of God—the immortal *mind*—from the chaos of insanity, by the pittance of dollars which it may cost; who grudge the poor lunatic the faint glimmer of light dawning upon him, and would, to quote Peter Sibley's metaphor, take him from his "Heaven" and carry him back to the "Hell" whence he was taken. B.

March 26, 1835.

DESCRIPTION OF THE MUSEUM OF NATURAL HISTORY, IN FLORENCE.

BY W. TULLIDGE, OF FLORENCE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS magnificent establishment owes its origin to the illustrious family of the Medici, and particularly to the Grand Duke Leopold, who augmented considerably the collection, by a complete supply of chemical and mathematical instruments, a splendid assemblage of anatomical preparations, and a variety of other natural productions, from the animal, vegetable, and mineral regions of nature.

In the court of entrance to the Museum, there is an armillary sphere, of very large dimensions, constructed according to the Ptolemaic system, and a terrestrial globe; at the end of the second court is the chemical laboratory, and near to it a large saloon, which contains the fossils of Tuscany, and the microscopic shells described by Soldani.

On the first floor of the building there are eight apartments, which contain the different physical and mathematical instruments and apparatus, amongst which is preserved the telescope of Galileo, under which we read the following inscription.

*Tubum opticum vides Galilei inventum et opus, quo maculis
Solis, et extimos lune montes, et jovis satellites, et novam quasi
Rerum universitatem primus dispexit. A. D. 1609.*

Here are also preserved the thermometers and other instruments of the Academy del Cimento, and the slow furnace, which was used for the experiments of the same academy, and more recently by the late celebrated Sir Humphrey Davy, in the combustion of the diamond. In an apartment, near to this, are a great variety of skeletons of different animals. This apartment leads to the botanic garden, which belongs to the same establishment, and which is enriched with rare plants.

On the second floor are the anatomical preparations in wax, which are certainly the most beautiful, useful, and complete collection, of the kind, in the world; and the wonderful precision and accuracy with which these works are executed, excite the astonishment of anatomists.

It appears that the art of modelling anatomical structures in wax, was first done by Luigi Cigoli, and Gaetano Giulio Zumbo, a Sicilian, but the greatest part of the works, which enrich this museum, is by the hands of Clement Susini. The three first apartments contain the preparations of the muscular system, and organs of voluntary motion. The fourth apartment contains the preparations of the bony system, the teeth and their development. The fifth apartment contains the organic structures of the vascular system. The sixth apartment contains portions of various organized structures, which illustrate the intimate structure of the heart, the extreme vessels, the organs of sense, and those of the voice—the lymphatic vessels of the brain, of the face, neck, thorax and abdomen. In the seventh apartment there are two skeletons, designed to show the articulations of the joints and the ligaments. In the eighth apartment is a female preparation, which presents the whole interior of the body, in which may be studied the different organs, their form, color, connec-

tions and structure. The first apartment of the second wing of this part of the building, contains different portions of the human body, as those of the brain, showing by various sections its internal structure, also the organs of respiration and digestion. The tenth apartment contains other portions of the brain, spinal marrow, and nervous system, where may be observed the origin of the nerves, and the intimate structure of the organ of hearing. This apartment contains, also, an adult figure, which shows the complete system of the sub-cutaneous lymphatic vessels. In the eleventh apartment there is another adult figure, which shows the distribution of other lymphatic vessels, and also the origin of the cerebral and spinal nerves. In the twelfth apartment are seen the deep-seated lymphatic vessels of the head, the limbs, thorax, and abdomen. In the thirteenth apartment, there is an adult figure, which shows the principal divisions of the great venous trunks, with other preparations illustrative of the venous system. The fourteenth apartment contains two adult figures, one showing the great arterial trunks, and the other the whole of the arterial and venous systems, with divers other preparations of the nerves. The fifteenth apartment contains a variety of preparations relative to comparative anatomy, and another for the obstetric preparations, in which the different appearances of the gravid uterus, at different periods of gestation, are most accurately represented, as also the progressive organization of the embryo from the earliest stages of impregnation. This apartment alone would be sufficient to show the high degree of perfection the artist Susini had attained, in making models of anatomical preparations in wax. But no description can possibly convey any adequate idea of the great merit of the artist, the praise due to the celebrated Fontana who superintended and directed the formation and arrangement, and above all the great utility of such a school of anatomy, always open to the public, and affording such facilities to students as no other city can boast.

ZOOLOGY. In a gallery of great length, which succeeds to the apartments above described, are collected the various prepared specimens of Ornithology and Ichthyology. In a saloon contiguous thereto, are a choice collection of reptiles and fish, with preparations illustrative of comparative anatomy, preserved in spirit. In an apartment adjoining, there is a large collection of insects; this leads to other rooms, where are the crustacea, polypi, and zoophytes, with a cabinet of Conchology, the most complete and celebrated in Europe.

BOTANY. There are three large apartments which contain various vegetable productions, in flower and fruit, beautifully imitated in wax, with collections of every kind of vegetable seed, and specimens of the different woods in a polished state, as also an herbarium.

MINERALOGY. The collection of minerals is one of the richest to be found, in variety and selection; these are distributed in seven apartments, classed according to the system of Haüy. In the apartment which succeeds to these, are the organic fossils, and a series of fossil bones, brought from Vardano. Another apartment contains the dresses, arms, and utensils, of the inhabitants of the islands of the Pacific Ocean, and other uncivilized parts of the globe.

Finally, in the last apartment, are other very curious preparations in

wax, and amongst which an historical representation of the plague of Florence, and its destructive and devastating effects, corresponding to the graphic description of Boccaccio. This curious and inimitable specimen of workmanship, in wax, was executed by Gaetano Giulio Zumbo, a Sicilian, an artist employed by the Grand Duke Cosmo III.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1835.

MORE CASES OF SMALLPOX IN THE HOUSE OF CORRECTION.

NOTWITHSTANDING the most praiseworthy exertions of the physician of the House of Correction at South Boston, after the development of the first cases of smallpox, mentioned in this Journal two weeks ago, one of the officers and two more convicts have since contracted the disease, and consequently were promptly removed to the Quarantine Hospital.

From the manner in which the contagion has been propagated in the apartments of this prison, some adequate conception may be formed of its insidious character. It cannot be restrained by a barrier of stone walls, nor by any of those ingenious contrivances which theoretically might seem to oppose its fearful approaches. Nothing short of a thorough vaccination—and the operation should in every instance be conducted by a physician, who is alone able to decide upon its success—can ever protect a person, who is susceptible, from the destructive action of this terrible disorder, when once brought within the sphere of its influence. Although we have been constantly engaged in the arduous and perplexing duties of the only smallpox hospital in this region, for a period of ten years, and have therefore witnessed at various times, and under all kinds of heart-rending circumstances, all possible forms of smallpox, of both foreign and domestic origin, yet our only personal safety from the same series of sufferings, has been the kinepock inoculation—exhibited in a little white scar upon the arm—which was made by a careful practitioner thirty-three years ago. With this positive evidence of the value and importance of early vaccination, we are almost daily asked the question—by gentlemen of intelligence, too—if we really have implicit faith in vaccination! There is, in our opinion, no wearing out to it. When once properly performed, no repetition of the operation is necessary.

We cannot conscientiously leave the subject, without once more urging upon all parents, guardians of the public health, school committees, select men of towns, &c. &c. the absolute importance of obliging every child to be vaccinated, however obscurely it may be located. The excellent and humane determination of the Overseers of the Boston House of Correction should be followed at every State prison, penitentiary and asylum, in the United States—viz., that every individual placed there, shall be forthwith vaccinated, if it has not been already done: otherwise, there will at times be an outbreaking of this dreadful scourge, growing out of the free intercourse which European emigrants—the principal bearers of the malady—have with all sections of the country, and producing alarm and consternation in the community, wherever it appears.

Boston Medical Association.—A principal object of this society is to associate all the regular physicians for the mutual purposes of friendship, and the systematizing of professional business. Not far from one hundred members are registered in the books of the secretary. Whenever a medical gentleman commences practice in the city, and subscribes to the rules and regulations of the society, a notice is forthwith sent to all the members, announcing his admission. The secretary is supposed to exercise a discreet judgment in relation to the character of the applicant's credentials. The original design of the society has been most happily realized, in the cordial good feeling which has invariably been maintained among its members, for a long series of years. In all large towns, a similar institution would have a most beneficial influence, by counteracting the effect of those jarring interests which too often characterize the social relations of medical practitioners, where an ambition is manifested to rise to distinction by the downfall of a rival.

Medical Dispensary in Boston.—This valuable institution for the gratuitous relief of the poor, was instituted in October, 1796, and incorporated February 26th, 1801. The officers are elected, annually, on the second Thursday of October. There is a chairman, secretary, treasurer, twelve managers, one apothecary, two consulting physicians, and ten visiting physicians, arranged in districts. It has always been considered of so much consequence to a young practitioner to hold an appointment in the dispensary, as an introduction into business, that no compensation has ever been made for the arduous services he is obliged to render at all hours and under all circumstances.

Medical Charities.—Without one single ray of truth, it has been intimated that in all the benevolent operations of the day, which constitute, in fact, a characteristic of the present century, medical men are rarely recognized among the *givers*. Medical associations have not been greatly distinguished for their charities, to be sure, for the best of all reasons, viz. having nothing to give; but as a profession, no class of individuals are so bountiful to the poor, as physicians. Were the gratuitous visits they are called upon to make valued at a farthing each, the aggregate would in a few years amount to a generous sum. But it is unnecessary to multiply words to prove the benevolence of doctors. There is not a practitioner, in extensive practice, who has not given away more, at the requisition of the suffering poor, than he has ever collected from the rich.

Great Demand for Hygeian Pills.—Another well devised scheme has been instituted in England, for raising a demand for these farcical boluses, by presenting Webb (who was justly sentenced to six months imprisonment for administering these magic balls to a smallpox patient) with several costly pieces of plate. With this blustering, it is probable the market may improve, which has been in a really languishing condition of late. The gullible were quite satisfied, in this country, with losing their money; but the effect of this brilliant display of generosity will undoubtedly give considerable briskness to the trade, as soon as the story has been properly circulated by accredited agents. In this city, the hygeian pills are made by machinery, which we have seen in operation.

We hope those patriotic valetudinarians who kill themselves in trying to live, will not forget native talent—as we assure them the home manufactured pills are quite *as bad* as those of foreign importation.

Medical Intelligence from Liberia.—Dr. Ezekiel Skinner, of Conn. and Dr. Robert McDowell, a colored physician, from Scotland, who were sent to Liberia under the auspices of the Colonization Society, speak favorably of the climate, and of the possibility of lessening the mortality among the emigrants by medical skill. Dr. Skinner has no doubt that he has saved several lives by a decided use of the lancet. In one of his letters to the Board of Managers, he speaks of a good locality for a medical school. Five passengers of the *Argus*, on the voyage from the United States, died of the smallpox. In one of the doctor's letters, he says "it is a fact, that vastly more men than women are carried off by diseases of this climate, and more women than children—hence it arises that the colony has so large a number of orphan children. There are two women to one man." The principal physician's salary in 1834, was sixteen hundred dollars. Each settlement has an organized Board of Health, chosen by the people annually.

Anatomical Subjects.—Notwithstanding the liberal provisions made by law in Massachusetts, for the promotion of anatomical studies, there has been considerable complaint in this region, the past winter, of a want of subjects for carrying on the regular and indeed necessary demonstrations of the schools. An unusual degree of health in that class from whence the anatomist has drawn his supplies, in times past—owing to the skill of practitioners, the operation of the temperance reformation, and some other wholesome moral revolutions—has abridged, very considerably, this means of studying practical anatomy. Still, the statutes of the Commonwealth, touching violations of the sepulchre, have, we believe, in no single instance been violated. Those scenes which in the olden time were practised, in order to acquire a rudimental knowledge of the human frame, and which so outraged public feelings we trust will never again be repeated. The grave is sacred, and wo to him who dares transgress the solemn declarations of the law.

Preparations for a Foot Race.—Among other extra-professional advice in one of the New York papers, relative to the preparations which pedestrians should make with reference to contending for the prize of one thousand dollars, on the 24th of April, to be paid to the man who shall walk ten miles in an hour, it is said he should eat *stale bread*. There would be quite as much philosophy in recommending *putrid meat*. Verily, the world has become so learned in dietetics, that it has become necessary to observe as many rules in munching a baker's roll, as in measuring an arc of the meridian.

Woodstock, Vt. Clinical School.—A gentleman recently from Vermont, informs us that the lecture term commenced on the 12th of last month, under very encouraging auspices. About forty-five students were matriculated, at an early period of the course ; but ere this, great accessions

have doubtless been made to the class. The professor of the anatomical chair not having arrived when our informant left, the demonstrations were conducted by Dr. Watts.

The spring course of lectures at the Castleton Medical Academy are now being delivered. It would oblige us if some person interested in the operations of that institution, would have the goodness to furnish the particulars.

Quarterly Meeting of the Boston Physicians.—On Wednesday evening last, the meeting was held at Dr. Jeffries, Franklin Street. The value of these social interviews must be apparent to all who have participated in them.

Smallpox.—This disease has entirely disappeared from Roxbury ; all the patients having recovered. Dr. Windship, who suffered severely, has returned to his own house, but will exhibit, most probably, to his dying day, the sad effects of the disease.

The smallpox is prevailing to an unusual extent in the city of Mobile. The authorities had found it necessary, at our latest advices, to prepare an asylum, in the suburbs, for the reception of patients.

A Medical Tea Party.—Sir Henry Hallford, President of the Royal College, gave a grand dinner and tea party on the 26th of January, preparatory to the periodical conversaciones at the College, which seems to have been excessively annoying to those who had no invitation. But that which contributed most to give eclat to this eating and drinking extraordinary in Curzon Street, where Sir Henry has an abiding place, was the fact that Arthur, the Duke of Wellington, and the Right Reverend Father, my lord, Archbishop of Canterbury—the worshipful Bishop of London, and the Lord High Chancellor of the Realm, were among the guests. Uproarious joy, when their names were announced, broke forth—and his grace, the duke, amidst deafening cheers, made a speech, so exceedingly complimentary to his host, that he thereupon attempted to express a deep sense of gratitude—but failing, it is said, for want of words, it ended in smoke—though the gourmands kept singing out most lustily—*hear, hear ;* but, lo ! there was nothing to hear.

Dental Neuralgia.—Extraction of the Tooth.—Replacement and Consolidation—M. Proch, seventeen years of age, being affected with violent toothache during eight days, requested the author to extract the tooth ; having already had experience of the efficacy of the means which he proposed to employ, M. Cabanes extracted the tooth, and finding the alveolar cavity sound, immediately replaced it. As the vasculo-nervous pedicle, which enters the root of the tooth, was destroyed, there was no more pain ; the alveolar cavity contracted round the tooth, and fixed it so firmly, that ten months afterwards it was as useful as any of the other teeth.

The editor of the journal says, he has two ladies at Paris amongst his patients, on whom M. Pernet performed the same operation. The teeth were as solidly fixed in the head, as if they had never been touched.

London Lancet.

Record of Meteorological Observations for March, 1835.

1835 March	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	4.00	22.00	13.00	30.15	30.28	30.215	Cumuli	S		
Mon. 2	4.00	24.50	14.25	30.28	30.28	30.280	Cirrus	S W		
Tues. 3	12.50	24.00	14.25	30.24	30.28	30.260	Cir cumulus	N W		Ther. 8° 50 at 9h a.
Wed. 4	5.50	28.00	16.75	30.30	31.55	30.425	Cumuli	"		
Thur. 5	9.00	33.00	21.00	30.45	30.55	30.500	Fair	S W		
Frid. 6	14.00	27.00	21.50	30.25	30.45	30.350	"	"		
Satur. 7	22.00	35.00	29.00	29.95	30.25	30.100	Cir. c. strat.	N E	.20	Snow and rain, a. Dm.
Sun. 8	29.50	33.00	31.00	29.85	30.08	29.965	"	"		N W, a.
Mon. 9	29.00	30.00	29.50	30.10	30.15	30.125	"	"	.10	Snow, a. Th. 26° at 9h a.
Tues. 10	28.00	34.00	31.00	29.55	30.02	29.785	"	"	.40	Snow, a storm
Wed. 11	28.50	43.00	35.75	29.75	30.00	29.875	Cumuli	N W		S W, m.
Thur. 12	26.00	47.50	36.75	30.05	30.09	30.070	"	S W		
Frid. 13	33.00	48.50	40.75	29.65	29.48	29.565	Cumulus	N W		S W, m.
Satur. 14	31.00	46.00	38.50	29.80	29.88	29.840	Cumuli	"		⊙ a.
Sun. 15	34.00	50.50	42.25	29.74	29.80	29.770	"	S W	.05	Rain, m.
Mon. 16	38.00	53.50	45.75	29.45	29.64	29.545	Cir. c. strat.	"	.10	Nimbus, m. [at 9h a.
Tues. 17	37.00	45.00	34.00	29.44	29.95	29.695	"	N W	.10	Rain & SW, m. Th. 23°
Wed. 18	13.50	31.50	22.50	30.20	30.25	30.225	Cirri	"		N E, a. [a. A gale
Thur. 19	25.00	39.00	32.00	29.12	29.65	29.385	Cir. c. strat.	N E	.55	Rain & snow, m. NW,
Frid. 20	30.00	45.00	37.50	29.85	30.00	29.970	Cumuli	S W		
Satur. 21	37.00	55.00	46.00	29.75	29.95	29.850	Cumulus	"		NW, a. ⊙ m.
Sun. 22	27.00	32.00	29.50	29.10	29.80	29.475	Cir. c. strat.	N E	.75	Storm of snow and rain.
Mon. 23	21.00	32.50	23.25	29.20	29.90	29.550	Cumuli	N W		[Thunder & lightning
Tues. 24	21.00	38.00	29.50	30.05	30.15	30.100	"	"		
Wed. 25	29.00	33.00	26.50	30.42	30.60	30.510	Cirrus	"		
Thur. 26	25.00	47.00	36.00	30.35	30.60	30.475	Cir. c. strat.	S		
Frid. 27	35.00	48.00	42.00	29.75	30.35	30.050	"	S W	.25	Rain, Stratus, a.
Satur. 28	36.50	54.00	45.25	29.68	29.75	29.765	Cumulus	"		Stratus and S, m. ⊙ a.
Sun. 29	35.00	32.50	33.50	29.80	29.83	29.815	Cir. c. strat.	N E		Ther. 32° at 9h a.
Mon. 30	29.50	34.00	31.75	29.45	29.60	29.525	"	N W	.25	NE, m. Snow and rain,
Tues. 31	35.00	45.00	40.00	29.45	29.60	29.525	"	"	.05	Rain, a. [stormy
Aggreg.	24.98	38.32	31.362	29.83	30.06	29.9535	Cir. c. strat.	N W	2.80	

RESULT.—Mean temperature, 31.362. Maximum, 21st, wind SW, 55.00. Minimum, 1st and 2d, wind S and SW, 4.00. Greatest daily variation, 5th, wind SW, 24.00. Least daily variation, 9th, wind NE, 1.00. Range of thermometer for the month, 51.00. Increase of mean temperature from Feb. 8.182. Prevailing atmosphere, cirro-cumulo-stratus (cloudy). Prevailing wind, NW.—Mean atmospheric pressure, 29.9535. Maximum, 25th and 26th, wind NW and S, 30.60. Minimum, 22d, wind NE, 29.10. Greatest daily variation, 22d and 23d, wind NE and NW, 0.70. Least daily variation, 2d, wind NE, 0.00. Range of barometer, 1.50. Decrease of atmospheric pressure from February, 00.0613. Rain, &c. 2.80 inches.

Comparative with March, 1834.—Mean temperature, 36.346. Maximum, 65.00. Minimum, 19.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0709. Maximum, 30.60. Minimum, 29.50. Rain, 0.94 inches. Prevailing wind, SW.

Fort Independence, Boston, April 1, 1835.

B.

DIED.—In New Orleans, Dr. M. Hubbard, of Lexington, Ga. aged 30.—In Buxton, Me. Dr. Royal Brewster, 65.—In Sutton, Ms. Dr. Nathaniel F. Morse, 84.

Whole number of deaths in Boston for the week ending April 3, 24. Males, 13—Females, 11.

Of lung fever, 3—hooping cough, 1—infantile, 2—inflammation on the lungs, 1—inflammation of the head, 1—interperence, 3—decline, 2—scrofula, 1—consumption, 3—inflammation on the brain, 1—liver complaint, 1—dropsy on the brain, 1—accidental, 1.

ADVERTISEMENTS.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully *Boat-supply* that which is positively genuine and recently taken.

on, March 4, 1834.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 15, 1835.

[NO. 10.]

THE HOSPITALS OF PARIS.

[See page 106.]

HOPITAL DES VENERIENS.

THIS hospital, otherwise called *Hopital du Midi*, or *Des Capucins*, because the house formerly belonged to the Capucin friars, was appropriated, under the reign of Louis XVI., to the treatment of venereal diseases. Before that period, nothing could exceed the state of the unfortunate wretches who labored under the effects of syphilis in this the most civilized and most advanced of European capitals. Previous to the year 1785, the syphilitic patients were received into the *Hotel Dieu*, *Salpetriere*, and *Bicetre*; in this latter hospital, twenty or twenty-five beds were distributed amongst 200 patients; one half of this number were compelled to sleep four in a bed, from eight in the evening to one at night; the other half from one o'clock to seven in the morning. The patients had often to wait six, nine, or even twelve months in the wards, before any treatment was administered, and, to crown all, while the court revelled in unbounded licentiousness, the unfortunate wretches, who merely followed the example of their king, could not be received into this pig-sty, according to the express enactments of the administration, without being *whipped* (*fustigés*) before and after their treatment.

At its origin, the Venereal Hospital was confined to the reception of new-born children laboring under syphilis; these were suckled by nurses affected with the same disease, to whom mercury was administered. After the year 1785, the patients from *Bicetre* were received, and since then the hospital has been gradually enlarged. In 1822, the number of beds amounted to 612, and about 3500 patients are now annually admitted. Within the last few months, however, a change has taken place, and the female patients are for the future to be treated in a distinct hospital.

Mercury, in its various preparations, forms the basis of treatment employed; but the form almost universally preferred, is Van Sweiten's liquor (a solution of corrosive sublimate); in many cases mercurial frictions are substituted. When secondary symptoms come on and are rebellious, the tisan of Feltz is employed by M. Cullerier with great success; this is composed in the following manner:—*Sarsaparilla*, 3 ij; *Isinglass*, 3 jss.; *Crude Antimony powdered*, 3 viii.; *Water*, lb. xii. This is boiled down to one-half, and the patient takes two pints of the decoction during the day. The surgeons of this hospital are MM. Cullerier and Ricord.

HOPITAL DES ENFANS TROUVES.

This establishment was founded for the reception of all children (up to the age of two years) who are abandoned by their parents. The infants who appear to be healthy are immediately sent off to the country, where they are nursed; the others are placed in the hospital. The latter contain 200 beds, or, more properly speaking, cradles; viz. 100 for the healthy children, 20 for those who are weaned, and 80 for the sick: besides these there are 120 beds occupied by the nurses.

When we reflect that there are nearly 3000 students in medicine, and more than 3000 students in law, in the vicinity of this hospital, and that more than the moiety of this number have mistresses, without any means, or even inclination, to support the fruit of what is called "love" in the quartier Latin, we can readily imagine that a foundling hospital does not want for candidates; in fact, the number received yearly is 5000, and in 1828 reached as high as 5600. The mortality amongst the infants at the *Enfants Trouvés* is excessive, and the diseases which are most fatal are, hardening of the cellular tissue (*sclerema*, skin-bound), and *muguet*. A statistical view of four years, from 1808 to 1811 inclusive, gives the following particulars:—

18,500 children were received into the establishment; and of these 2248 were sent to the hospital, viz.:

705 whose lives were in extreme danger, from feebleness, &c.; dead 631, cured 74.

645 affected with induration of the cellular tissue; dead 567, cured 78.

116 affected with aphthæ, &c.; dead 92, cured 24.

433 cases of ophthalmia, itch, pustules, &c.; dead 119, cured 153; 161 transferred to the venereal hospital.

205 cases of icterus and diarrhœa; dead 154, cured 51.

47 cases of convulsions; dead 34, cured 13.

46 cases of tumors of various natures; dead 32, cured 14.

11 cases of fracture; dead 5, cured 6.

22 cases of deformity; dead 18, sent to the country 4.

19 cases of hydrocephalus or spina bifida; dead 18, sent to the country 1.

Thus of 2248 patients, we have 1669 deaths, and 418 cures, or a proportion of the former to the latter as four to one. Besides, this enormous mortality takes place in a very short space of time; for during the four years of which we have spoken, the average sojourn of each patient in the hospital was only nine days and a half.

The physicians are MM. Barou and P. Dubois; the surgeons are MM. Thevenot and Auvity.

MAISON D'ACCOCHEMENTS.*

Before the accession of Buonaparte to the throne of the empire, pregnant women were received into the *Hôtel Dieu*, where they were crowded, for want of sufficient space, three or even four in the same bed. The consequence was, a mortality of one in every thirteen women delivered. To remedy this evil a separate establishment was erected for the recep-

* Otherwise called *Hospice de la Maternité*.

tion of women who have reached the eighth month of pregnancy, or who are in imminent danger of being put to bed at any period. No stranger is admitted into the wards where they lie, and they are not even compelled to give in their names or places of abode. The number of beds in the Maternité is 433, viz. 150 for the women who attend at the moment of labor; 200 for those already delivered; 25 for the children; 8 for the nurses; and 150 for the *sages-femmes*, the only pupils who are here admitted.

The average length of time during which the women remain in the hospital after delivery is about eight days. During 10 years, from 1804 to 1813 inclusive, the number of patients received was 19,000, and the mortality 1 to 22 deliveries. The number of twin cases was about 19 per annum; and in the 19,000 births, only two cases of triplets occurred. Since 1813, the number of receptions has considerably increased; thus, in 1822, the number amounted to 2800; and, in 1828, to 3400. Of 2700 women delivered in 1814, 2400 declared themselves not married, and nearly all abandoned their children.

CLINIQUES DE LA FACULTE.

This is a small hospital, which has been erected this year, immediately opposite the School of Medicine. It contains about 120 beds, and is exclusively destined for clinical instruction. The physicians are, MM. Rostan and Dubois, professors of medical pathology and midwifery to the school; and M. J. Cloquet, one of the professors of clinical surgery. It also serves for the examination of the students of the fourth year, who are brought to the bed-side of the patient, and there undergo a truly practical *épreuve*, being compelled to form a diagnosis, and to answer all questions that may be addressed to them on the state of the patient. As the hospital, as yet, contains only some ten or a dozen of patients, we shall abstain from any further particulars, until a period of full activity arrives.

HOSPICE DE LA SALPÊTRIÈRE.

This immense establishment, which was founded by Louis XIV. for the reception of the beggars, is now a house of refuge for indigent females above 70 years of age, and also an hospital for those affected with mental alienation, and cancerous diseases accounted incurable in the other hospitals. It contains no less than 5000 beds for the poor superannuated females, and 400 for the sick. These latter are confided to the care of MM. Piorry and Cruveilhier. M. Cruveilhier has 148 beds. The diseases most frequently seen in his wards are, chronic catarrh, diseases of the heart, and paralysis. He is present at every autopsy which is made, and it is in this hospital that he finds the elements of his splendid productions in pathological anatomy. M. Cruveilhier has also the care of the incurable cancerous patients, amounting to about 200. M. Piorry has a service analogous to that of the preceding physician; and used to attract a number of followers by his remarks on auscultation and percussion. The epileptic patients, to the number of 400, are under the care of M. Petit. The remedies which he employs most constantly are baths and douches, general and local bleeding, valerian, and antispasmodics.

Thirty-six surgical beds were under the care of M. Lallement, who has died within the last few weeks.

The deranged patients are committed to MM. Pariset and Mitivie, and the fools to M. Falret. The number amounts to about 1,060, and the average of receptions to 500 per annum, of whom 200 die, and 300 are cured,—a very high proportion of the latter, if we reflect on their vast age, and that many have only recourse to the hospital as a last resource, when they have been pronounced incurable elsewhere.

The prevailing feature of the treatment in this portion of the hospital is extreme gentleness; and violent measures are never had recourse to under any circumstances. Isolation and moral impressions are the main remedies trusted: these are seconded by baths, mild purgatives, and means proper to recal the evacuations, which in many of these cases are suppressed.

BICETRE.

This hospital, analogous to *Salpetriere*, is destined for indigent or deranged old men. The number of beds amounts to 3000. The physicians of this establishment are, MM. Ferrus, Rochaux, and Prus; the surgeon is M. Murat. The diseases and affections most common are, paralysis, chronic bronchitis, rheumatism, cataract, and contused wounds. This latter circumstance is only to be accounted for by the existence of a canteen in the hospital, at which the old gentlemen daily get drunk. Notwithstanding the most pressing efforts of the medical men for its suppression, the administration has not yet assented, merely because the sale of the brandy brings in 18,000 francs per annum.

There is a division of incurable cancerous patients, amounting to 76. The general mortality is 1 in 6.86, or, amongst the indigent, 1 in 7: deranged patients, 1 in 6; epileptic, 1 in 11; and cancerous, 1 in 7.

Those affected with mental alienation are under the care of MM. Ferrus and Lelut, the former of whom gives most interesting lectures on his special subject. By their activity, all the improvements projected by Pinel have been executed, and *Bicetre* has now become a model of establishments for the alienated. The treatment resembles that pursued at *Salpetriere*; but *Bicetre* possesses the advantage of having attached to it a farm, upon which 60 of the deranged patients daily work.

CONGESTIVE CEPHALALGIA.

BY A. T. THOMSON, M.D. OF THE NORTH LONDON HOSPITAL.

A CASE of considerable interest and instruction is that of Ellen Langridge, who was admitted on the 21st of November. The account which she gave of herself was the following. On the Sunday prior to her admission, she was attacked with a violent pain of the head, and throbbing at the temples. Leeches were applied without any relief being afforded. She can assign no cause for the attack. Her bowels are habitually constive. The pulse, on her admission, was 100, and oppressed. The pupils were dilated, and impatient of light; the tongue was slightly fur-

red ; and she stated that the catamenia was regular. She has suffered, at intervals, from palpitation, and pain at the chest.

These symptoms were sufficient to lead me to regard the case as one of *congestive cephalalgia*, a disease which often affects the delicate and irritable ; and thence, as in the case before us, it appears more frequently in women than in men. Its exciting causes are, emotions of the mind, irregularities in diet, or in the condition of the bowels. Now these are more likely to produce in such individuals an increased impetus of blood to the head than in the more phlegmatic ; and as the quantity of blood in the arteries is augmented, and that in the veins necessarily diminished, under such circumstances, owing to the nature of the cerebral circulation, congestion must necessarily take place. This causes heat and excitement ; and, from the disturbance of the brain, the headache which ensues is often accompanied by flashes of light, floating phantasms before the eyes, and, occasionally, with singing and other noises in the ear. The feet also become cold, and the circulation, from being quick at first, is afterwards languid and oppressed. When these symptoms are not relieved, a morbid condition of the brain ensues, and the disease assumes a new character, and is more difficult to remove. The treatment of such cases consists in fulfilling two distinct indications :—

1st. To relieve the cerebral congestions.

2ndly. To subdue, by augmenting tone, the susceptibility of nervous impression, so as to prevent its recurrence.

In endeavoring to fulfil the first of these indications in this case, the patient was cupped behind the ears ; and the bowels were freely opened with a pill, containing gr. viij. of calomel, followed by a strong cathartic. This is a large dose of calomel ; but I have already pointed out to you the great influence of such doses in allaying irritability of the stomach ; and in affording that stimulus to the common orifice of the biliary and pancreatic ducts in the duodenum, which is required for emptying those organs when they are overloaded. Much bile and pancreatic juice are poured into the gut, and placed in a situation to be swept away by the subsequent purgative.

On the 26th our poor patient had derived little benefit by the treatment adopted ; the head was, therefore, ordered to be shaved, and an evaporating lotion applied over it. Cold, in such cases, does not operate in so limited a manner as is usually supposed ; it acts upon the rest of the body, by nervous sympathy, abating general excitement ; and, probably, more is to be attributed to this than to any abstraction of caloric which the evaporating fluid can carry off. I fear, gentlemen, that this case may prove to be one of those which often resist every means of management ; and seem, at length, rather to wear themselves out than to be cured.

I have seen tonics salutary in such cases ; but in the present instance, the excitement is too great to permit their employment. You should, however, be aware that excitement is not always a legitimate reason for not ordering tonics ; and nothing is of more practical importance than the fact that tone and excitement are two very opposite conditions of the system.—*Lancet*.

CASE OF PERFORATION OF THE INTESTINES.

BY T. G. HAKE, M.D. PHYSICIAN TO THE BRIGHTON DISPENSARY.

A GIRL, named Ellen R., of the age of twelve, delicate in frame, but in the enjoyment of excellent health, until within six months before the invasion of her fatal illness, with the exception of an occasional attack of sore throat, became, in November last, a patient of the Brighton Dispensary. During the previous half-year, she had experienced, to use her own words, a "jumping sensation" in the lower part of the bowels; she was also listless and drowsy, and, without holding to some fixture, was unable to stand erect. The whole of a numerous family to which she belonged had lived for a period of four months almost exclusively on pork. At that time many pigs had died in the vicinity of our town; many, too, which would otherwise have soon perished of disease, were killed, "for the purpose (to repeat the vulgar expression) of saving their lives."

Since that time several of the younger branches of the family have been visited by various congestions of the brain, bowels, lungs, larynx, &c., but all save one have recovered; and on the history of her disease it is that we have now entered.

After having partaken one day of her usual meal, she vomited with great violence, but before this she had complained of pain in the situation of the lumbar vertebræ. Pain in the left side succeeded, which was augmented by pressure and the act of respiration. There was difficulty in breathing; the dull sound, crepitous rale, pyrexia, &c., were present, together with vomiting of a frothy liquid.

The above symptoms not having yielded to the usual remedial measures in less than three weeks, were, at the expiration of that time, followed by *pain in the left iliac region, sudden, violent, and increased by pressure.* The pain rapidly spread itself, and was accompanied by tenderness over the whole abdomen, which for some days remained soft, but finally became hard and tense. There was occasional borborygmus; and the bowels were constipated while they remained soft; when they became hard, there was no difficulty in acting on them by means of purgative medicines. *The countenance was changed; there was vomiting of a frothy fluid.*

The disease thus invaded the system. The tongue at this period became, and continued, of a natural color; there was loss of appetite and thirst; and the stools were of a dark-brown appearance, and fetid odor.

The rhythm of the heart was perfect; the pulse large, strong, frequent, equal. The veins were well developed; the blood drawn from them was dark, buffy, cupped.

Except one night, after taking a large dose of calomel and opium, the perspiration was abolished. The urine was in diminished quantity, and of a high color. There was general atrophy.

The pain in the abdomen, at one time, was nearly subdued, but the countenance remained contracted without intermission. There was pain of the head and eyes, less severe, however, than during the attack of pneumonia. Deafness manifested itself during three or four days, and

disappeared, the symptoms being then at their height. The sense of smell was perverted, suffering from an unpleasant state of excitement, until it ultimately was lost. The intelligence of the brain was diminished, its imagination deranged, except at such times as the sufferer might be addressed in a sharp tone. The intellectual functions were delirious, especially during slumber.

The patient complained of pain and cramp in the hip ; the thighs were raised on the pelvis ; there was snatching of the bed-clothes. *There had been occasional shivering, from the invasion to the termination of the malady.*

On the evening of the second day previous to dissolution, *there was vomiting of a seroso-purulent fluid, mixed with intestinal matter ; this continued at intervals to be thrown up in large quantities, during the whole night. On the next day this last symptom was unabated, but on the following morning had ceased, a few hours after which the child breathed her last. From the time that the stercoraceous vomiting commenced, no stools were produced by the natural channel.*

A considerable quantity of calomel had been administered during the progress of the disease ; but while the constitution of the child resisted mercurialization, the mother, who constantly slept with and nursed her, was severely salivated ; and the gums of a second attendant were affected as if by infection.

Autopsy.—The body was examined by Dr. Hake and Mr. Rugg. The result of the investigation was such as might have been expected from the prominent symptoms. An abscess had formed in the cavity of the pelvis, extending into the inguinal and iliac regions. A false membrane, of a dense, tough, nature, formed the walls of this abscess ; it was adherent to the intestines, and separable only at the right iliac region. On its internal free surface this membrane possessed the character of mucous tissue. Adhering strongly to, and, indeed, lost in the peritoneum itself, towards the abdominal parietes, the bladder, uterus, sigmoid flexure, iliac vessels, &c., this false membrane was easily separated from the peritoneum and the ileum, with the interior of whose canal it communicated by means of a neat, regular opening, which one might have supposed to have been the work of the scalpel instead of the ulcerative process, a true characteristic of the disease. The contents of the cavity were seroso-purulent, mixed with intestinal matter. This fluid was also abundantly discovered in the intestines and stomach.

In various parts of the jejunum and ileum there was atrophy of the mucous and muscular coats, to such an extent as to leave only a thin transparent membrane, which had contracted on itself, leaving the canal of no greater calibre than double the capacity of a goose-quill. Atrophy, indeed, may be said to have here gone on increasing until absorption was complete, leaving only the elastic cellular coat of the canal. Inflammation was seen in occasional patches on other parts of the intestines, but no other vestige of it was left on the peritoneum than in the false membrane described above.

In the mesentery there was a small cyst of a dense structure, and containing concrete pus.—*Ibid.*

RETENTION OF THE PLACENTA TWENTY-SEVEN DAYS AFTER THE EXPULSION OF THE FŒTUS.

BY JOHN P. HARRISON, M.D. OF LOUISVILLE, KENTUCKY.

IN the afternoon of January 3d, 1833, I was requested to visit a poor white woman, named Baker. I found her in bed, and an old colored midwife with her, who stated that about three hours before my visit, Mrs. Baker, having had pretty cutting labor pains, though it was several months before her proper time, got up to go to the vessel to evacuate her bowels, and whilst there, the fœtus suddenly escaped from her into the chamber pot. The umbilical cord was ruptured, and the placenta retained. There was little or no hæmorrhage, either at the time of the expulsion of the fœtus, or subsequently. Upon examination, I found that there was no hæmorrhage, and no labor pains, but that the placenta was still in the uterine cavity.

This, apparently, was a fair and unexceptionable case in which to try the parturient efficacy of the ergot of rye ; and most faithfully and extensively was it tried—it being given first in fifteen grain doses, every half hour, until near half an ounce was administered. Producing sickness of the stomach, it was laid aside, without any contractile effort being produced by it in the uterus.

This is the second case of retained placenta, in which it has failed in my hands of inducing expulsive movements in the uterine fibres. The other case was a lady who aborted at the fifth month of utero-gestation, and whose placenta was retained without hæmorrhage. Having failed with the ergot, given to a large amount, the placenta was taken away by the hand.

In Mrs. Baker's case, both the medicinal and manual resources failed. After waiting till ten o'clock at night, the hand was introduced—the patient being placed on her back, with the knees drawn up, and the thighs flexed on the body. But after the most careful and persevering effort on my part, for half an hour, to bring away the placenta, I had to desist, for the poor woman seemed exhausted. She had been in a delicate state of health, previous to this abortion, and had aborted several times before ; and, in one of these instances, a similar difficulty occurred. Next morning, a consultation was held on her case, and efforts again made to bring away the placenta, but they proved unsuccessful.

The placenta was attached to the upper part of the fundus of the uterus, and there existed a strong contraction of the body and neck of the organ, which prevented a seizure of the after-birth by the hand. No hæmorrhage nor after-pains existed even at this period.

As the case appeared one in which the nimia diligentia might endanger life more than a partial surrender of the case into the hands of nature, we determined to sustain her general strength by mild tonics and appropriate nutriment, to employ injections into the vagina, of bark, myrrh, and charcoal, to abate the fœtor of the discharges, and watch the emergent phenomena. The patient gradually increased in strength, and after going about her house for about a week, after getting out of bed, on the twenty-seventh day posterior to the abortion, the placenta came away suddenly,

with little or no pain. There had been a slight discharge from the vagina, subsequent to the 3d, which was not, however, very offensive. The placenta was small, and gave very little evidence of putrefaction.

American Journal of the Medical Sciences.

TEMPORARY LODGEMENT OF FOREIGN SUBSTANCES IN RESPIRATORY TUBES.

BY N. R. HEATH, SURGEON WICKLOW (IRELAND) INFIRMARY.

CASE I.—Removal of a Foreign Substance from the Larynx.—Patrick Doyle, ætat. 56 years, residing in the Glen of Imaal, in the county of Wicklow, in January, 1834, while eating pork and speaking at the same time, had a bit of the meat stick in his throat. I did not see him until after the lapse of twenty-four hours. He was then in a state of very great suffering, and nearly exhausted; his breathing was intensely laborious, with stridulous noise, inability to swallow, and countenance expressive of most intolerable anxiety. Before I saw him, a probang had been used, which rather increased his sufferings. On a careful examination, it appeared to me that the bit was in the larynx. I, therefore, proceeded to make an opening into the cricothyroid space; and having introduced the point of a small silver catheter, with a little management succeeded in pushing the morsel into his mouth: immediate relief was the consequence. I advised him to remain very quiet for a few days; and as it happened to be at night, he did stay quiet until morning, when, finding no inconvenience, he would submit no longer to confinement. Four or five days after, he showed me the cut, quite healed, having walked upwards of ten miles on that day.

Now this case is a very simple one, and it would be nothing if a surgeon had any assistance; but where he is called on to act among a parcel of wild mountaineers (who only judge of a surgeon's proceedings by his success), and by candle light, in a poor cabin, *c'est une autre affaire*. The next case, however, is more interesting.

CASE II.—Ejection of a Plum-stone from the Right Bronchus.—Wilson, æt. 11 years, the son of a butcher in Kingstown, near Dublin, having a plum-stone which had a hole drilled through the middle of it to make what children call a birdcall, fixed between his teeth, while drawing in his breath, through the hole, drew the stone into the trachea. This occurred at Castledermot on the 15th of September, 1834, eight miles from my residence. I saw him on the 17th. A probang had been used, and he had been bled and had vomited. I found him in a state of the utmost suffering, his lips blue, his eyes protruding, and the thorax laboring. In fact, he was struggling in the most violent state of excitement. Yet he could swallow without great difficulty, and there was no emphysema. Having laid him on a table, with a pillow under his neck, I proceeded to open the trachea, making my incision midway between the cricoid cartilage and top of the sternum; this operation on a child in such a state of excitement is by no means so easy as some who never performed it may imagine. The network of veins, the little arteries

crossing, the dense fascia which connects the sterno-hyoid muscle, which cannot be divided by the nail, and requires the knife, at least in the living subject; then those muscles becoming roused, and rising up during the choking efforts of the child, showing a deep bloody cavity; then the same description of fascia between the sterno-thyroid; then the larynx quite small, and moveable and soft; and, lastly, the difficulty of entirely stopping hemorrhage before we open the trachea, make the proceeding rather a delicate one. Having divided five rings of the trachea I waited a few minutes, and then introduced a small silver catheter down the tube, and felt the foreign body lying at the bifurcation of the trachea, hoping to detach it, that it might be brought up by coughing; but it slipped towards the right bronchus and there remained. At this moment the child experienced great relief, and I thought it prudent to discontinue further pursuit. At that juncture, too, the peculiar chirping sound of the birdcall was perfectly audible, caused by the air rushing through the little foramen in the plum-stone, in its passage to and from the right lung. I did not leave any tube in the opening. I think that to do so is, in general, a bad plan. It is not only useless, but highly injurious.

The patient was now sent to his bed. He complained of a pain in the right side corresponding with the situation of the foreign body. Fever now set in, and he suffered occasionally severe attacks of dyspnœa. However, the inflammatory symptoms were kept down, but the chirping sound continued until the 24th, precisely a week subsequent to the operation, when, during a fit of coughing, he felt something at the wound in his neck, and putting up his hand, received the birdcall into it. The peculiar musical sound was discontinued and never returned. A profuse muco-purulent discharge and cough now harassed him for about a fortnight, succeeded by sweating; in fact, he became hectic, and I feared would sink. However, he rallied and was able to return to Kingstown, a journey of forty miles, at about the end of October. I have since heard that his health is tolerably good, and that the wound in the trachea, which was not larger than the hole in the plum-stone when he left this, and which I found very difficult to heal, is quite closed.

POISONING FROM OXALIC ACID.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case is presented to the profession to show the obstinacy of the stomach to receive impressions from medicines when acted on by other powerful agents, and it may guide others not to be sparing of their remedial means when life is held, at best, only by a too uncertain tenure.

During the summer of 1831, my colleague and myself were called in haste to see Mrs. H., who swallowed about 1-4 of an ounce of Oxalic Acid in solution, in mistake for cream of tartar dissolved in water, which was accustomed to be kept in a decanter for an acid drink. As the servant woman found no vessel convenient except an empty decanter standing beside the one containing the cream of tartar, she carelessly placed between two and three ounces of oxalic acid in a pint of water in the

vacant vessel, and left it on the sideboard as a convenient place, when she was obliged to clean the brass in the room.

When I saw the patient, which was about ten or fifteen minutes after she had taken the poison, she was violently agitated with fear, and complained of a gnawing pain in the region of the stomach. I soon administered a large dose of pulv. ipecac.—say 100 grains—for I thought I had once before seen a case of poisoning prove fatal from giving emetics in ineffectual doses. I followed this by large draughts of chamomile tea, and titillation in the throat, but all without effect. After fifteen minutes I gave in lukewarm water about the same quantity of ipecac., followed by large draughts of tepid water. An interval of fifteen minutes followed the dose of ipecac. when I gave about a drachm or more (as I imagine) of sulph. of zinc. The intervals between these powerful doses were employed in mechanical means to excite vomiting, or giving draughts of tepid chamomile tea. It was not a little surprising to see the large volume of liquids poured into the stomach in the short space of thirty minutes, for the lady was constantly swallowing tepid water or tepid chamomile tea. The sulph. of zinc began to take effect in a few minutes, and the vomiting continued about an hour without great violence. Prostration of the muscular powers ensued, and some gastric irritation. Mucilaginous cooling drinks, combined with soda, were prescribed by my partner, Dr. R. Hathaway (now chief surgeon and physician to the Seamen's Retreat Hospital, Staten Island), and this seemed best fitted for the state of the patient and her demand for drink. After a few hours diarrhoea supervened, which was checked by Dr. H. with the judicious use of opiates, and the patient recovered after two or three days, with the exception of a slight gastric irritation.

In this case it may be well to notice that emetics usually, in very moderate doses, were sufficient to excite the action of the stomach; 2ndly, that a stomach-pump would have been applied if it had been at hand; 3rdly, that when the stomach was distended with fluid, vomiting was partly induced or elicited by abdominal pressure; and, lastly, the presence of the fluid prevented the action of the acid in the powerful state in which it was swallowed.

Yours, &c.

R. TOLEFREE, JR.

New York, April 3, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 15, 1835.

MEDICAL LEGISLATION.

For the purpose of showing the profession of this Commonwealth how their representatives manage their interests in the hall of legislation, the following report of a debate which took place a few weeks since, has been principally extracted from the *Centinel*—to whose editor we are indebted for preserving this specimen of four-pence-halfpenny economy on the one hand, and true generosity and enlarged views upon the value of medical education on the other. A debate arose upon the resolve, which

was subsequently rejected, to grant the Berkshire Medical Institution five thousands dollars.

Mr. THAYER, of Braintree.—Mr. Speaker, I am in favor of the passage of this resolve ; I am sorry, sir, to see any opposition to the appropriation of so small a sum as \$5000, for so important and so useful an Institution. Sir, I am always in favor of appropriations (with judgment) for literary purposes ; and now, sir, we are requested to give the small sum of \$5000 to “a young and feeble institution,” one which, if we have confidence in the committee and the community, has but a poor library, a miserable apparatus, and is much in debt, and if no charitable hand is held forth to give her some relief, she will decline and die, and the public will then see their error when too late. But, sir, I will not despair ; she may still be sustained—for, sir, where is there an institution of equal or more importance, the one in this city excepted ? Where can there be one better located ? No where, sir, in this State. I would merely ask gentlemen who are opposed to this grant, who they would look to for assistance and relief, when laid on a bed of sickness, tortured with pain, either from disease, or from a broken limb ? Would they not send for the best and most skilful physician or surgeon ? or would they send for some ignorant quack, whose medicine would be poison, whose advice (were they to follow it) would terminate their existence ? Sir, we are told that if we appropriate money to sustain or assist this institution, we are doing it for the benefit of the neighboring States, who send their young men to this institution for an education, and then return to their own. Not so, sir (excuse me, Mr. Speaker, for the allusion), but have we not instances of gentlemen coming from other States, residing here, and elected to the highest and most honorable situations ; and sir, do we receive no benefit from instances of this kind ? I think we do, sir, and we have had sufficient proof of the fact during the present session. Sir, who are to be benefited by this institution ? Are not the poor but honest and talented sons of our farmers and mechanics in the western part of this State, whose means will not permit them to come to this expensive city, and attend the lectures here ? Much has been said, sir, in regard to the horrid practice of dissection ; but is it not indispensably necessary that a physician or a surgeon should perfectly understand the formation, in every part, of the human body, before he can apply a remedy which is necessary ? And can he be thus qualified without an actual inspection of the whole frame ?—Sir, as it respects myself, and could it be done without the knowledge of my friends, I can safely say that I would willingly give my body for dissection, if it would be the means of saving the life of one individual. What matter is it to me, sir, where my bones, after death, are laid, or what becomes of my body, after my spirit has taken its departure ? Are we not in duty bound, sir—are we not commanded to do all we can to promote the happiness and life of our fellow beings ? It is in my opinion a mistaken, foolish, and superstitious idea in regard to dissection ; it has always been brought forward and made an argument, merely to influence the passions rather than the good understanding of the House.

What good does the surplus money do which remains in our treasury ? I wish, sir, that every dollar beyond the necessary expenses of our government was appropriated for the benefit of learning and literature. Distribute it, sir, to institutions of this kind, and to our primary schools, and then you will give your children a fortune which no mercenary speculator or ignorant quack can deprive them of.

Mr. BILLINGS, of Conway.—Mr. Speaker, it was my intention not to make any observations upon this subject at this time, having expressed my views the last year ; and from the decision of the House at that time, I did not think it would have been necessary—and although the subject is now again before the House, I should now have let it pass without saying a single word, were it not to reply to the gentleman from Brintree ; and, sir, although I have generally gone with that gentleman, I cannot now think as he does ; and I think it my duty to say a few words in opposition to making this grant.

Mr. Speaker, the gentleman says that the excitement is all done away ; that he hears of no difficulty now, since the law of '32 was passed. Sir, he is mistaken ; there is about as much excitement now in my neighborhood as there ever has been ; and, sir, it is but a little while since, that a person was buried, and the friends of the deceased were obliged to watch the grave until the corpse was in such a situation that it would not answer for dissection.—Sir, the gentleman from Brimfield tells us that there is about one hundred students that attend those lectures every course ; and, sir, if they get but 40 dollars (as the gentleman says) for each student, that sum will amount to \$4000 per year, which, I should think, would be amply sufficient to pay all the salaries of the professors, and for all other necessary expenses, and also to pay all their debts in a few years, and buy them a library and an apparatus ; and I think, sir, under these circumstances, that the institution would stand on its own foundation, and flourish well. Farther, sir, look at our expenses ; look at the vast expense of this session, which, perhaps, may sit till May, as we now go on. Besides, sir, we are to have an extra session, which probably will sit 8 or 10 weeks ; and in addition to all this, sir, a large committee is to sit during the recess to revise the Statutes, the expense of which we cannot now tell ; and further, sir, we have made several appropriations, and many more are called for. Twenty-five thousand dollars, we are told, is to be appropriated to the Lunatic Hospital. Sir, what are we coming to ? Why, our treasury will be drained of the last cent, and the State become bankrupt, if we go on in this way. Sir, I am entirely opposed to passing this resolve ; it is not helping the poor young men of this State, as that gentleman says—but I will say no more, sir.

LYING-IN HOSPITALS.

AMONG all the benevolent efforts in this country for the amelioration of the poor, it is a subject of surprise that no more attention has been elicited towards the importance of establishing Lying-in Hospitals. In all the large cities of Europe, with a few exceptions, they are of long standing, and have been very generally acknowledged by philanthropists to be of the highest value. Those of Paris, are supposed by some to offer, to the thoughtless and abandoned, improper inducements for throwing upon the public the burden of maintaining a multitude of helpless infants. Such is the constitution of society, however, in the United States, based upon a sense of religious accountability, that such an objection cannot here be urged against them. To the virtuous poor, such institutions are of incalculable benefit ; because a generous provision is there made for meeting those innumerable exigencies to which they are exposed.

This broad field for the exercise of philanthropic enterprise still remains unoccupied in the midst of nearly all the Atlantic cities, where there is a

dense population of those honest, but unfortunate families, whose ceaseless labor scarcely procures the means of a scanty subsistence. In their behalf would we petition, and express a hope that some of those princely fortunes a kind Providence has entrusted to the care of thousands in this best of all lands, may yet yield something for the endowment of this interesting species of charity. Physicians might effect much in exciting the attention of communities to a just view of a subject so vastly important ; indeed, it devolves upon them to urge, in this respect, the positive claims of the needy.

Boston possesses one lying-in hospital, eligibly located, which promises to fulfil the exact intentions of its kindly disposed patrons. Whenever we are possessed of the history of its origin, together with its internal policy and regulations, our readers will be made acquainted with them.

THOMPSONIAN NATIONAL INFIRMARY.

WE have been kindly furnished, by a respected correspondent in Maryland, with an account of the doings of the House of Delegates in that State, in regard to a petition, from the above-named institution, for an act of incorporation. The remarks of Dr. Williams, of Worcester Co., in opposition to the bill, are characterized by a just representation of the benefits resulting from a scientific system of medicine, and a fearless display of the monstrous inconsistencies and absurdities of a mode of practice founded alone on rash and reckless experiment. We are able this week to give only the Report of the Committee on Corporations, which was finally confirmed in the House by a large vote, and the bill of incorporation rejected. It reflects great credit on the committee who reported, and the House of Delegates which thus wisely acted upon it.

“The committee on corporations, to which was referred the bill, entitled, an act to incorporate the President and Managers of the Thompsonian National Infirmary, have had the same under consideration, and beg leave to report, that they view the science of medicine, when established upon the basis of practical and philosophical research, as one of the most important developments of the resources of nature and art, to the wants and sufferings of man. That they view the principles and practice of the Thompsonian system, as one of that species of quackery and empiricism, which would be extremely dangerous to the community at large, and particularly to the poor, the blinded and ignorant class of the people, if it should be placed upon an incorporated footing in the State. The committee feel, that in recommending any such measure, they would at once be placing at the disposal of every man and set of men, who thought fit to apply for an act of incorporation, for the purpose of enabling them the better to barter and vend their own particular nostrums, the lives of a vast portion of their poor fellow citizens, a class of people who stand more in need of the intelligence and protection of their representatives, than any other portion of our constituents. Under these considerations the committee beg leave to report unfavorably thereon.

PHILIP B. KEY, *Chairman.*”

A New Instrument.—Through the pages of a distant exchange journal, reference is made to a new tooth extractor, by a Boston dentist. It is certainly almost miraculous that the information has reached us. Any

corroborative testimony respecting such an instrument, will be very neighborly—and we will exultingly narrate the whole story for the benefit of whom it may concern.

Bleeding Bands.—Dr. Brewer, of the house of Brewer & Brothers, druggists, of this city, has shown us a beautiful article for cording the arm ; it is simply an India rubber hoop, cut from a cylindrical tube, that may be packed in the bottom of a lancet case. The invention is of real utility, and not likely to go out of fashion.

A Pill Machine.—One man, with a simple machine, now in use in an establishment in Boston, where pills are made “*as good as the hygeian*,” makes a groce of them, perfectly round and smooth, quicker than the most infatuated hypochondriac could swallow a dozen of the true octagonals from the British College of Health.

Value of Hops in Diseases of the Skin.—One of the best external applications for many eruptive diseases of the skin, is a strong decoction of hops, in which the limbs or other affected parts are to be bathed, several times a day. The decoction should not be used till it has become perfectly cold. In bad ulcers of the leg, the most satisfactory results have been repeatedly realized from this simple preparation.

Amputation of the Neck of the Uterus.—M. Lisfranc, in a memoir recently read before the Academy of Sciences of Paris, and published in the *Gazette Médicale*, for 21st of June, 1834, states that he has amputated the neck of the uterus affected with cancer in ninety-nine cases, eighty-four of which were cured, and fifteen died ; among the latter he includes the cases of relapse. He further states, that all his unsuccessful cases were in women in whom the disease was far advanced.

Water as a Therapeutic Means.—M. Trousseau’s theory of cold water in external affections is simple enough ; it prevents the development of vital properties, by refrigeration, and, by cleaning the wound, prevents the danger of purulent absorption. In support of its efficacy, he cites several cases in which cold water was employed by him with success. In two cases, where the fingers and toes were lacerated by machinery, the assiduous employment of cold aspersions effected union of the injured parts with little or no suppuration.—*Lancet*.

Pulmonary Consumption.—It has been calculated by Dr. Young, that one in four of the inhabitants of this country perish by consumption ; one in three, perhaps, contains tubercles at death ; and as the population of England and Wales amounts to about 13,000,000, and the annual number of deaths to about 290,000, the deaths from consumption must be 72,500 ; or, on an average, 33 individuals die in England and Wales every hour, and of these eight have ulcerated cavities or tubercles in the lungs. Again ; phthisis is a chronic disease ; and, from data collected by Bayle and Louis, its average duration has been calculated, by Dr.

Clark, to be two years. There must, consequently, exist among us a phthysical population of 145,000 souls, constantly suffering from one or other of its symptoms, some with the first hectic flush on the cheek, others lying in the last stage of emaciation, and all requiring the aid of the medical profession. If, in addition to this, we call to mind the severe cases of scrofula, lumbar abscess, spinal disease, white swelling, and kindred affections, where tuberculous matter is formed, the general pathology and treatment of which are regulated by the same principles, we shall perceive the importance of directing our especial attention to this class of disorders, and shall come to the conclusion, notwithstanding the prominent place phthisis occupies in medical literature, it scarcely receives, at present, its due share of investigation and study.—*Ibid.*

DIED.—At Sutton, Mass. Dr. Nathaniel Morse, 87.—At Washington, Dr. Richard H. Bradford.—In England, belonging to the military service—the following gentlemen of the medical staff—viz. Drs. Bombay, Roche, Guignard, Barker, and Denny.

Whole number of deaths in Boston for the week ending April 11, 23. Males, 15—Females, 8.

Of quinsy, 1—drowned, 1—accidental, 3—croup, 1—infantile, 2—consumption, 3—lung fever, 1— inflammation on the lungs, 1—scarlet fever, 2—fits, 3—dropsy on the brain, 1—inflammation on the brain, 1—child-bed, 1.

ADVERTISEMENTS.

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Boston, February 4, 1835.

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Boston, April 1, 1835.

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Boston, January, 1835.

(Jan. 6—tf.)

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 11.]

MEMOIR OF DUPUYTREN, LATE SURGEON OF THE HOTEL DIEU, PARIS.

WE propose to take a view of the late Baron Dupuytren as a man of science, and give a brief sketch of his person and character. He was one of those individuals whose countenance always struck observers as emblematic of a mind whose exact character was not expressed in words. The contemplation of his features left a "je-ne-sçai-quoi" impression on the feelings even of the most acute physiognomists,—half pleasurable and half dissatisfied,—a sensation at once of admiration and dislike, for which it was found impossible to account. Dupuytren was a man of middle stature, brown complexion, and strong make. In his youth he must have been extremely handsome. Those who possessed the personal acquaintance of both, must have observed some resemblance between Dupuytren and the professor of anatomy in the University of Dublin. The striking magnificence of forehead, expressive of intelligence of the highest order, and the small dark piercing eye which distinguished the one, had their rival in the other,—that eye, oftenest twinkling with playful malice in the one, and in the other darting those stern annihilating glances which rendered the presence of the great surgeon of the *Hôtel Dieu* so imposing, and frequently so oppressive, to those who fell beneath his scrutiny. "His eye," says a French author, "was enough to terrify a Corsair."

But it was to the peculiar expression of his mouth that the physiognomy of Dupuytren owed its characteristic cynicism and appearance of universal distrust. Viewing the upper part of his face, and particularly his broad fair forehead covered by a thin white *cheveleure*, the figure was that of a man imbued with feelings of benevolence and accustomed to exert the most untiring patience. But soon would the impression be destroyed by a sudden curl of the lip, an almost imperceptible compression of the mouth, a fastidious though polite shrug of the shoulders,—tokens of the mental storm within, which, with calm exterior, he was disdainful to show, refusing to let his fellows become witnesses of any one feeling that governed him. Without the appearance of avoiding society, though present at all the learned meetings of the French capital, at the Faculty, at the Court, at the reunions of private life, Dupuytren was, intellectually speaking, a perfect anchorite. Admired by all, the friend (perhaps) of a few distinguished men, there was not one who could say, "I know him." We have already hinted at a cause which, to many, explains the secret reason of the cynicism and distrust of his fellow-men that have thrown a shadow over the fairest days of Dupuytren's life.

That cause was sufficient to account for even still more remarkable effects ; but others attribute his constant ill-temper and *ennui* to a weakness which is common to a class of great men who are yet not sufficiently great to despise the malice of the envious. Dupuytren never forgot a kindness, and never forgave an injury. His ambition was fully equal to his talent, and under the coldest exterior he concealed a heart which was sensible to the slightest impressions. He felt conscious of the superiority which he so fully possessed ; and to justify his pretensions, he sacrificed all the pleasures and comforts of private life, and condemned himself, as we have heard him say, "to lead the life of a dog." "Above all things avoid being an insignificant man" (*ce qu'il faut craindre avant tout, c'est d'être un homme médiocre*), was one of his favorite maxims, and to escape the chance of a humiliating modicrity he devoted every energy of his mind, succeeding to the utmost verge of his resolve, but not without most bitterly experiencing the stings of envy and calumny, nor without nourishing an implacable hatred against the authors of reports which a man of less susceptibility would have treated with deserved contempt.

The life of Dupuytren afforded various examples of the intensity of this dominant morbid feeling, and of the manner in which he avenged himself. How deep and ramified the root hypocrisy had taken in the vicious court of Charles the Tenth, is too notorious to need description. The royal favor there could only be obtained beneath the guise of professed religion. Every one had his confessor, and the worst sinners passed for the greatest saints. With this crowd Dupuytren was accused of mingling, in person and in object, and malice once went so far as to declare that he had dropped expressly from his pocket a little prayer-book within the precincts of the royal apartment. Innumerable epigrams sprang from the alleged incident, but, equally insignificant with the charge, they were soon buried in oblivion. The memory of the affront, however, never passed from the mind of Dupuytren, and years afterwards, on being accidentally called to attend the daughter of a countess, the supposed authoress of the story, he avenged himself by the infliction of treatment the most cruel and heartless on the mother at the death-bed of her daughter.

The dress which Dupuytren invariably wore was very peculiar. At the Institute or the Faculty, in town or at the court, in summer or in winter, he was always clothed in a little round-cut green body-coat, to which, when he visited the hospital, was added a small green cloth cap, of a cut altogether original. Those who have at any time followed his clinique at the *Hôtel Dieu*, will remember the slow, the almost jesuitic pace, with which he entered the amphitheatre, the brim of his green casquette turned from his forehead, the white apron in front, his right hand thrust into the bosom of his coat, and his left constantly applied to his mouth ; for no matter in what society he found himself, whether in public or in private, at the hospital or presiding at a concours of the Faculty, Dupuytren had a habit of constantly gnawing the nails of his left thumb and index finger, like one who suffers from some intense bodily or mental pain.

When seated in the professor's chair, he never addressed himself to

more than a fraction of the audience ; his back was turned upon at least three-fourths of the assembly, and he commenced with a low and indistinct muttering, which afforded little indication of the splendid, and on many occasions truly eloquent, discourse that was to follow. The most profound silence always reigned in the crowded class which filled the amphitheatre of the *Hôtel Dieu*, as though all were anxious to catch even the first word that dropped from his mouth ; and if, during the lecture, any one permitted himself to betray a symptom of *ennui*, one of his searching glances, with a motion of the lip expressive of the most ineffable contempt, covered the thoughtless culprit with shame and terror.

In the wards of the hospital, the originality of Dupuytren appeared even with more relief. On rare occasions he descended so far as to joke with a patient ; but towards the students, and even to his own dressers, he was cold, ironical, capricious, and tyrannical, to the last degree. Frequently did it happen, on questioning a patient for a few seconds, that if the answers were not given as clearly and precisely as the inquiries, he would punish the unfortunate *malade* by a shrug of his shoulders, and a departure without a moment's further attention to him. Not easily shall we forget the day when the mother of a child whose leg he was about to amputate, having forced her way into the amphitheatre, suddenly interrupted the operation ; the self command of Dupuytren left him, and forgetting what was due to humanity,—to a woman and a mother,—he turned out the agonized parent from the room, with a *coup de pied dans le derriere*.

Dupuytren never tolerated the slightest suggestion or contradiction affecting his measures or opinions, and, as we have remarked, his treatment of the pupils who were placed under him in the hospital was marked by the utmost austerity. The number of his dressers at the *Hôtel Dieu* amounted to twenty-six. At six of the clock every morning he called over the list, and no excuse for absence was admitted. More than once he has publicly degraded an *externe* who had disobeyed his orders, or showed some symptoms of insubordination, by tearing off his white apron and other such insignia ; and, on one occasion, it is said that he so far forgot himself as to strike the apothecary of the hospital, giving the offended pharmacist, however, the honor and “satisfaction” of a meeting next day in the Bois de Boulogne ; but the duel was, we believe, prevented by the police.

It is a matter of sad experience, that talent and integrity alone are rarely sufficient to raise a man to the high posts of honor in a large capital. The candidate must have protection, and a *savoir vivre*, without which he may struggle for years in obscurity. Dupuytren was fortunate in both respects. At a very early period of his life, places were offered to him in the hospitals of several large provincial towns, but he always took care to recommend to the post one of the young rivals whose fame or competition might at a future day become troublesome to him. Thus, of five or six competitors who originally opposed him, he succeeded in placing one at Clermont,*one at Rouen, and one at Strasbourg, and he finally vanquished the remaining three—M. Roux, M. Marjolin, and M. Delpech, in the celebrated concours which took place for the chair of Operative Surgery, on the death of Sabatier, in 1812.

Dupuytren owed his appointment to the head surgery of the *Hôtel Dieu*, where he has ruled, the absolute master, for the last sixteen years, to an accidental circumstance, which deserves to be recorded, both as an example and a warning to hole-and-corner surgeons in all quarters. Previous to the year 1817, Pelletan was surgeon-in-chief of the *Hôtel Dieu*. Dupuytren, who served under him as second, soon became an object of jealousy to the old professor. Distrust succeeded jealousy; then followed mystery, and, finally, a secret operation, by which Pelletan was completely ruined. In 1817 there was a patient in the female wards of the *Hôtel Dieu* who was affected with an enormous carcinomatous tumor of the upper arm. The disease extended to the parietes of the chest and to the neck. The bloodvessels were altered, and several other unfavorable complications existed. On a consultation, Pelletan advised an operation, but Dupuytren, in a forcible manner, pronounced various reasons against any attempt to remove the tumor. The patient was undecided. In this state of things, Pelletan was imprudent enough to shut himself up with a few favored pupils, and perform the operation in private, without having informed Dupuytren, or any other person who was absent, of his intention. The patient died almost immediately afterwards, and this event was followed by the retirement of Pelletan.

The reputation of Dupuytren as a first-rate surgeon was now fully established. His private practice became considerable, and in 1820 the assassination of the Duke De Berry introduced him to court, thus laying the foundation, if not of his professional reputation, at least of the immense fortune which he has left behind him. If report speak truly, the surgeon of the *Hôtel Dieu* on this occasion, for the first time, lost the *sang-froid* and presence of mind for which he was so remarkable, and committed two essential errors,—one as a practitioner, the other as a courtier. In the first place he sounded the wound of the Duke,—a penetrating wound of the chest! In the next he abstained from answering the King when his Majesty addressed to him some question in Latin. Little faith, perhaps, will be placed in the excellence, or even the existence, of the Latinity of Louis XVIII., for since the time of the scholarly James, the classics have fallen into disrepute at courts. However, here is the anecdote in detail, as told by a man of letters. Immediately after the accident, Louis, who loved his nephew tenderly, entered the sick chamber, surrounded by a crowd of princes and surgeons, burning with anxiety to know the probable issue of the injury, and at the same time anxious to avoid alarming the patient by an imprudent remark. The King turned to Dupuytren, whose appearance even then attracted his notice. Nothing would have been more simple than a whisper in the ear of the surgeon, conveying a request for his opinion. But so close an approximation of King and subject as that species of communication would require, was incompatible with the dignity of a royal personage, and so it was regarded by his Majesty, who relieved himself from the dilemma by reducing his question into Latin, presumed to be the language of physicians, and one with which the patient was known to be but slenderly acquainted. But the words fell dead from the royal lips. No answer was returned to them by Dupuytren, whether from indisposition to reply,

ignorance of the language, or confusion at the scene, and M. Dubois, who happened to be present, answered for him.

It was, however, rarely indeed that Dupuytren allowed himself to be surprised. If he was excelled in a few particulars by some surgeons,—if, for example, as we admit, M. Roux was quicker and more dexterous at an operation,—Dessault more brilliant as a professor,—Boyer more prudent and humane, and Marjolin more profound,—there was none who could compare with him for imperturbability of mind in the midst of accidents or untoward circumstances,—none whose eye was more certain, or whose hand was more firm. Like other surgeons, he has made mistakes. He has opened an aneurism for an abscess, and has cut for the stone when no calculus existed in the bladder ; but such errors only gave to Dupuytren an opportunity of displaying his superiority. They never disconcerted him. Thus, upon one occasion, when extirpating a tumor from the neck, he accidentally opened a large vein, and the patient expired in an instant, from the admixture of air with the blood. Without being affected by an accident which would have disconcerted nineteen out of twenty practised men, he coolly turned to the class at once, to discuss the cause of death in an extemporaneous lecture which has seldom been surpassed or equalled for the excellence of its matter and arrangement.

It was, indeed, as a clinical professor that Dupuytren obtained the surpassing reputation which placed him at the head of European surgeons. He succeeded, at the *Hôtel Dieu*, the most eloquent lecturer that France ever produced, and in his new office not only sustained the character of the school at its full height, but raised the clinical instruction to a point which must be regarded as little short of perfection. The “*Leçons Orales*,” published under his direction, and from which so many lectures have been translated, convey, perfect as they are, but a feeble idea of the rich and well-selected materials which he has been for years submitting, without intermission, to the attention of the pupils of the hospital. Dupuytren was not what is usually called an orator. He seldom had recourse to literary embellishment, or borrowed from the works of others ; but his elocution was simple and elegant. Weariness never stole over his audience during the lecture, from the assemblage of useless details, or superfluous repetitions. On the contrary, his discourse, which flowed from him with the ease and fluency of a perusal, was stored with facts selected from his own practice, and arranged with a clearness that showed how perfectly he understood and had studied every branch of the art.

As an operative surgeon he was successful, without being brilliant ; indeed it is notorious that he failed much less frequently than his rival at *La Charité*, M. Roux, who, in spite of his wonderful dexterity, and excellent method of manœuvring with the knife, lost at least three patients for every two of Dupuytren. The cause of this difference is easily explained. Surgery is no longer what it was a century ago,—the art of lawfully cutting and hacking the human body. A more rational direction is given to the studies of those who commence their surgical career. These first apply themselves to medicine as the parent art, and regard surgery in its true acceptation, viz., as a branch of medicine, in which

the occasional employment of instruments is demanded. How numerous are the diseases awarded to what is called "surgical practice" which not only are "internal," but are quite beyond the reach of instruments! Regarding surgery in this its true sense, we hesitate not to place the late Baron Dupuytren at the head of European surgery. He operated with great dexterity and with immovable *sang-froid*. But his chief qualities consisted in the perfect correctness of his diagnosis, and the admirable manner in which he managed the therapeutic treatment of his patients. In the great majority of all descriptions of cases, the great difficulty is to establish a correct diagnosis, for on that alone can treatment be correctly founded. The one is subjective to the other, and is a secondary branch of the art. In diagnosis Dupuytren was equalled by no surgeon of his time. A few questions, often put in the most careless tone, a single look, the application of the hand on the abdomen, were sufficient to reveal indications, which, assembled in his mind with almost inconceivable rapidity, afforded conclusions to the surgeon that seldom if ever were erroneous. Not that he was infallible; and it was a reproach that he did not evince that frankness of manner and readiness to acknowledge the commission of an error, which should distinguish all men, and especially surgeons. So far from exhibiting a willingness to admit the commission of a blunder, Dupuytren was not ashamed to resort to unblushing falsehood to conceal it. On one occasion, for instance, at the *Hôtel Dieu*, where the intestine had been opened during the operation for strangulated hernia, Dupuytren, when showing the piece to the class, forcibly thrust his finger through the incision, and dilated with eloquence on the curious way in which gangrenous inflammation sometimes *cuts through the intestine like a knife*, although the interne by his side (at the risk, as he himself said, of being kicked) now and then gave the professor a hint that he was mistaken, and that the opening which he demonstrated was not due to inflammation but to the bistoury. Traits of this kind were not unfrequent. The *amour-propre* of Dupuytren even pushed him to the publication of inaccuracies where he was certain of being detected. Thus in his "*Leçons Orales*," and long before them, in 1824, he boasted that the mortality of the *Hôtel Dieu* was reduced to 1 patient in 20, 1 in 19, or 1 in 18, as a mean term; but authentic documents, since published by the authority of the Council-general of hospitals, showed that at that very period the mortality amounted to 1 in 14.

As a writer his reputation is neither great nor extended. He was, in fact, so occupied by practical duties that he had not time to write. It was chiefly as a clinical professor that he shone; and during the twenty years that he gave instruction, the clinical school of the *Hôtel Dieu* has produced more brilliant surgeons, and disseminated more new and wholesome ideas on surgery, than any other establishment of the kind in Europe.

If Dupuytren, however, did not himself write, yet his ideas have been taken up and published by others, and it would not be a matter of difficulty to enumerate a number of excellent works, of memoirs which have covered their authors with renown, that were taken from the fertile source of his clinical instruction. The little which Dupuytren has furnished from his own pen, is to be found in the memoirs of the *Royal Academy*,

and in the Dictionary of Medicine. Amongst the most remarkable we may enumerate, *in anatomy*, Researches on the Spleen, on the Veins of Bones, on Fibrous and Erectile Tissue :—*in physiology*, on the Nerves of the Tongue, on the Motions of the Brain, on Absorption, and on the Influence of the Eighth Pair of Nerves :—*in pathological anatomy*, Memoirs on the Neck of the Long Bones, on False Membranes, on Amputation of the Lower Jaw-bone, on Ligature of certain Arteries, on Fracture of the Fibula, on Artificial Anus, on Diabetes Mellitus, on Congenital Luxation, and on Retraction of the Fingers. It is said that he has left an unpublished treatise “on the Diseases of the Glands.”

Besides these permanent “titles,” Dupuytren^e has modified a great number of operations, and is the author of several most useful instruments. For example, his *enterotome* is sufficient alone to have immortalized any reputation ; indeed we should be inclined to place his operation for artificial anus after that of lithotripsy, and it is infinitely more successful. Thus, up to 1824, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these only three were unsuccessful ; the remaining 38 patients were cured without any accident or risk. Since 1824, at least 100 operations of the same kind have been performed, and with similar results. Dupuytren also invented a double-bladed bistoury for the bilateral operation, a cataract needle, a compressor in cases of hemorrhage, a porte-ligature ; and, as we have mentioned, he has introduced excellent modifications of most of the great operations in surgery.

By his death the science has lost one of its most solid ornaments, and the school of medicine in Paris its most accomplished professor. The void which he has left is immense. Who can fill it ? Who can now succeed to that chair with éclat, which has been filled by Dessault, Pelletan, and Dupuytren ? That it will even be filled to the best advantage which circumstances admit, we have reason to disbelieve. Intrigue is at work, and there is cause to engender a fear amongst the profession in Paris, that the clinical instruction in the *Hôtel Dieu* will be intrusted to one of the worst clinical lecturers in that capital. M. Roux removed to the hospital on Monday, March 1st, and his place will be filled by Velpeau.—*Lancet*.

CASE OF SPECTRA OF THE RIGHT EYE—CATARACT AND ARTIFICIAL OR FALSE PUPIL OF THE LEFT EYE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REUBEN CURTIS, seventy-two years of age, farmer—Hanover, Mass. applied April 1835, with defective vision of the right eye. He states that the difficulty consists in the appearance of black specks “before his eyes.” He first began to notice them about three years since, and while engaged in reading ; and it is seldom that they appear except when applying his eyes upon small objects, as in reading and writing.

At first¹ they continually increased in density and number, but afterwards they diminished. They had the appearance, at the commencement of the attack, of small black motes, round and resembling the head of a fly; and they varied in size from time to time, being sometimes no larger than the head of a pin, and at others apparently of the size of a pea.

Of late these spectra have assumed the appearance of luminous and very brilliant objects (thus approaching to photopsia or lucid spectra), of a reddish or purplish hue. The patient describes them as being very beautiful; and as occurring when his eyes are directed towards luminous objects, as the fire; and also not unfrequently in the night, and when his eyes are closed. All these spectra, Mr. C. feels confident are *stationary*—a very unfavorable symptom in the opinion of some eminent writers upon this subject.

As regards his present power of vision, Mr. C. is able to read, with the aid of convex glasses of a high magnifying power*, small print with considerable facility, but he complains that the letters appear to be smaller and finer than natural (which may be owing to his glasses not being sufficiently convex for the state of his eyes); and what is of more consequence in a diagnostic point of view—that after reading a short time, he finds a “blur over his eyes” and the letters become indistinct. His vision, however, enables him to pursue without much difficulty his usual avocations.

The pupil of the diseased eye (I say of the eye affected with spectra, because, as will be directly mentioned, the vision of the opposite eye is much impaired from an accident) is preternaturally contracted and possesses little motion. The deep-seated humors are somewhat opaque. The iris is of a dark hazel color. The corneæ are flattened, but clear and transparent, and without a trace of the marginal opacity peculiar to persons of advanced age, known under the name of *arcus senilis*. The eyeballs are deeply set in the head. In reading, Mr. C. prefers a strong light, and requires to have objects viewed strongly illuminated.

He has experienced no pain either in the eye or neighboring parts. His health is good; and his habits are temperate, except in the use of *tobacco*, in which he indulges to excess.

The vision of the left eye, I have said, was impaired by an injury received from the knotted end of a whip-cord striking with violence upon the eye, probably upon the cornea.

This injury occurred fifteen or twenty years ago, and was followed by severe inflammation and immediate loss of vision; so that he despaired of ever seeing again with this eye, but within a few years a spontaneous improvement in vision has taken place. Upon examination of the eye, the natural pupil was found to be elliptical and irregular, considerably dilated, and having its motions much restricted, (perhaps by adhesions of the uvea to the capsule of the lens), but it is *not* insensible to the stimulus of the light.

* In Mr. Curtis's eyes we have an instance in which convex glasses are necessary to enable a person to see distant as well as near objects, as is generally the case after operations for cataract. With reference to this state of the optic apparatus, Mackenzie says, Ch. XVIII. Sec. 11, “Although the eye, after middle life, loses the power of distinguishing near objects with correctness, it generally retains the sight of those that are distant. Instances, however, are not wanting of persons of advanced age requiring the aid of convex glasses to enable them to see distant as well as near objects.”

The capsule is perfectly opaque, and has the appearance of blotting paper which has been immersed in water ; the lens also being opaque, presents an instance of capsulo-lenticular cataract. But the most remarkable circumstance, and that which explains the spontaneous improvement of vision, is the occurrence of an artificial pupil, produced, no doubt, by the same accident that occasioned the cataract.

This *false* or *artificial* pupil is at the lower and external edge of the iris, and was caused by a separation of the circumference of the iris from the choroid, where it adheres to the ciliary ligament. And it was from observing an accident precisely of this kind, that the celebrated surgeon Scarpa was led to adopt the mode of forming an artificial pupil by separating with a cataract needle the outer edge of the iris from the choroid coat. This mode has been called the operation for *artificial pupil by separation*. Through this oval fissure or false pupil, which is larger than the natural pupil, appears a portion of the lower margin of the opaque lens ; and here the lens has evidently been diminished in size from absorption, leaving a transparent opening between its margin and the ciliary ligament, through which the rays of light find a passage to the eye, and thus enable him to distinguish objects with considerable distinctness.

It may be well to observe, however, that in looking straight forward with this eye he has but an inconsiderable degree of vision, but objects are most distinctly seen in looking obliquely upwards.

In connection with the diseased state of the right eye, it becomes interesting to inquire in what manner, and with what chance of success, an operation could be performed upon the left eye for the removal of the cataract. The operation by *depression* or *displacement* is, for obvious reasons, objectionable in this case : the flatness of the cornea, together with the small size of the anterior chamber and the depth of the eye in the socket, would present serious but by no means insuperable obstacles to the operation by *extraction*, the incision through the cornea being made upwards : the operation by *dissolution* would involve less hazard, and should the lens prove to be hard, which from the age of the patient, and from some other circumstances, as the color, &c. is not improbable, then the cataract being pressed forward and kept in contact with the cornea by means of the cataract needle introduced through the sclerotic, the operator should immediately proceed to extract through a section of the cornea. It would appear in the above case that absorption of the body of the lens had taken place to a certain extent. Whether it is a common occurrence in adults, for absorption of the lens to take place, and to what extent, the integrity of the capsule remaining unimpaired, are points of inquiry upon which information is respectfully requested.

For the disease of the right eye, the patient was recommended to take blue pill, to be followed with infusion of senna ; to blister the nape of the neck ; to adopt a diet of vegetable and farinaceous food chiefly ; to avoid stimulants of all kinds, and particularly to refrain from exercising his eyes upon small objects.

Boston, April, 1835.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL REPORT.

POPLITEAL ANEURISM CURED BY TYING THE FEMORAL ARTERY.

[Communicated for the Boston Medical and Surgical Journal.]

PETER BRAINARD, æt. 28, mariner, East Cambridge, Dec. 11, 1834. About three weeks since, patient, while at sea, perceived pain and swelling about outer hamstring, but was able to keep about for a week, when the pain became so severe that he was obliged to give up work. Says that previous to this trouble, he made great exertions with the rest of the crew to save the vessel during a storm. He has been attended by Dr. Hooker, who reports that pulsation has been evident in the tumor, which was the size of a hen's egg. He has had constant pain in the part affected, preventing sleep at night. Has taken purgatives within a week. Had gonorrhœa five months since, which has never been entirely cured. Has taken spirit freely.

At the present time the knee is swollen to more than double its natural size. No pulsation evident in the ham; the swelling extends several inches above the knee; bowels open with medicine. Pulse 140; tongue furred. Ten leeches to the knee—afterwards fomentations of bitter herbs.

R. Pulv. Ipecac. ʒj.
Hyd. Submur. gr. vj. M.

Diet—Liquid, farinaceous.

12.—Reports more comfortable; slept more in the night than for a long time previous. Knee continues much swollen. Vomited a little; three dejections; pulse 130.

13.—Swelling of the knee much diminished. Says chief pain is in the lower part of the calf of the leg and in the malleoli. Two dejections; pulse 120. Tongue nearly clean. Eight leeches to knee. Continue fomentations.

15.—Was kept awake by pain in the lower part of the leg last night; now more comfortable. A distinct tumor is perceived in the outer part of the ham, which diminishes in size upon compression of the femoral artery. Tongue well; pulse 100. Diet—Milk, rice, or rye hastypudding. Six leeches to the knee.

17.—The knee reduced in size; very little pain; the tumor in the ham more distinct; pulsation very evident; feels very well.

19.—No pain, except about the malleoli; sleeps well; is allowed bread and butter.

23.—Limb reduced nearly to the natural size. Omit fomentations.

27.—*Operation, by Dr. Haynard, at 12 o'clock, M.*—The limb being placed in a suitable position, an incision four inches in length was made through the integuments, in the direction of the fibres of the sartorius muscle, commencing at a point one-third distant from the upper extremity of the thigh. This was continued until the internal edge of the sartorius was exposed. Upon raising the muscle, the sheath of the artery was brought into view: this having been opened for the distance of about an inch, with a scalpel and director, an aneurism needle, armed with a ligature,

was passed under the artery, and the ligature tightened. The pulsation immediately ceased in the tumor, and the foot and leg became cold. A superficial artery was wounded during the operation, but did not require a ligature. The edges of the wound were then brought into contact, and retained so by adhesive straps. Flannel was applied to the leg and foot.

3, P. M.—Foot and leg of nearly the natural temperature. Severe pain in the upper part of the thigh, extending through the groin and into the abdomen.

R. Tr. Op. gtt. xxx.

28.—No pain in the thigh and groin ; much pain in the head ; generally uncomfortable. Skin hot and dry ; tongue dry, coated at the back part. Pulse 130, full and hard. No dejection. Venesection, ad 3 viij.

R. Sol. Mag. Sulph. 3 iij.

If hot, P. M. the following :

R. Liq. Ammon. Acet. 3j.

Sp. Æth. Nit. 3j. M.

3j. every two hours. Diet—liquid, farinaceous ; balm tea for drink.

29.—No pain ; an uncomfortable sensation about the head. Pulse 130, quite hard. Tongue moist. Venesection ad 3 xij. Afterwards pulv. ipec. et. op. gr. x.

30.—Reports better ; the skin more moist ; tongue moist ; pulse 100, less hard and full. Some pain in the head this morning ; none now ; two dejections.

31.—Took an opiate last evening ; slept well ; the wound dressed, and the edges nearly united. No pain ; bowels open ; pulse 108.

Jan. 1st.—Improving. Pulse more natural ; tongue slightly coated.

5.—Doing well. Omit mixture.

7.—Wound healing ; appetite good. Diet—bread and milk.

12.—Ligature came away.

16.—Doing well ; tumor in the ham nearly disappeared ; bowels regular. Wound open a little at the upper part. Discharged well.

Boston, April, 1835.

EFFECTS OF MASTURBATION ON VISION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having read with much interest the remarks of your esteemed correspondent Dr. W. on the effects of Masturbation upon the health and the integrity of the mental faculties, I beg leave to request any information his extensive opportunities for observation and practical knowledge may have afforded him, of the effects of that habit upon the organs of vision, and especially upon the nervous apparatus of the eye.

I make this request with a considerable degree of reluctance, being sensible that Dr. W.'s time must be fully occupied with affairs of much public and private importance.

Yours truly,

D.

Boston, April, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 21, 1835.

SMALLPOX AND VARIOLOID.

It is by no means customary, as our readers are well aware, to copy into this Journal, which professes to record well-established facts, anonymous articles from other publications. We have reprinted, however, from the Connecticut Courier, the following paper signed by a *physician*, because it contains important observations on the subject of smallpox and varioloid. Our own personal experience justifies us in saying that the assertions of the author are strictly true, and therefore worth preservation in the medical library. We regret, extremely, that the writer, who shows himself to be a careful observer of the character of diseases, does not communicate his lucubrations to the medical periodicals, where they would be sure of meeting the eyes of those who would be most profited by them.

“Contagious diseases, from what causes we know not, spread much more readily at one time than they do at another. This has been the case with the smallpox during the last winter. It has been very prevalent in New York, and it has been communicated, for the most part from this point, to different parts of New England.

The varioloid is a *modified* smallpox, appearing, as facts have demonstrated, *equally* in those who have had the regular smallpox, and in those who have had the vaccine disease. Of course there do not so many of the former have the varioloid, as of the latter, because in every community there is a vastly greater number of those who have been vaccinated, than of those who have had the smallpox. Both classes of individuals being equally liable, the greater class will have the greater number attacked. The varioloid differs from smallpox, not in *nature* but in *degree*. While therefore the smallpox will give the varioloid to those who have been vaccinated, those who have never been vaccinated will take the smallpox from the varioloid. The smallpox has a regular course, which is finished in a certain number of days. The varioloid, on the contrary, though it appears when it first breaks out, like the smallpox, never comes to the same degree of maturity, but has a short course, the length of which depends upon the extent to which the system is protected by vaccination. We occasionally have a case in which the protective power of the cowpock is so far lost, that the varioloid vies in severity with the smallpox itself, though commonly it is a very mild and short disease.

In estimating the value of vaccination, it is very important to keep in view this fact—that the vaccinated are by no means as liable to take the varioloid, as the *unvaccinated* are to take the smallpox. Whenever a case of smallpox occurs, a great many of those who have been vaccinated are ordinarily exposed, yet very few, perhaps even none of them, are attacked with the varioloid. But the same degree of exposure, in the same number of unvaccinated persons, would be followed by many cases of the smallpox. A man in Preston, Conn. who had the varioloid, went into a shop where there were several individuals, all of whom but one had been

vaccinated. That one took the smallpox, but none of the rest took the varioloid.

Vaccination, when done immediately after exposure to the smallpox, is a perfect preventive, as has been satisfactorily proved. The reason is obvious. The smallpox does not make its appearance till a fortnight after exposure, while the cowpock acquires its full influence on the system several days before this period has elapsed. When vaccination is delayed six or more days after exposure to the smallpox, the protection is not complete—the smallpox is modified to a greater or less degree, according to the progress of the cowpock, and takes therefore the form of the varioloid. Two infants were attacked with smallpox, before the cowpock had arrived at that stage which is attended with constitutional symptoms. The pocks were in these instances very few in number, and ran through their course rapidly, affecting the patient no more than chicken-pox ordinarily does.

How far can we place reliance on the protective influence of vaccination? It appears clear, from the facts which have come under the writer's notice, as well as from the whole history of vaccination, that those who are vaccinated are far less liable to take the smallpox than those who are not vaccinated, and that when they do take it they have it in a mild form, stripped of its danger and its loathsomeness. We may remark here that we have good reason to think that complete protection may be obtained by re-vaccination."

THE SPRINGFIELD SOMNAMBULIST AGAIN.

It is stated in a Springfield paper that Miss Jane C. Rider, the subject of the extraordinary paroxysms of somnambulism, an account of which appeared in this Journal some time since, has had a recurrence of similar paroxysms.

It has been suggested, and we heartily approve of the suggestion, that with the permission of her friends and medical attendant, Miss Rider should be placed in this city or vicinity, so as to test more perfectly the reality and extent of those phenomena, the relation of which excited the astonishment of some, and the incredulity of others. As animal magnetism seems of late to have called forth the attention as well of the scientific as of the curious, it might be well to ascertain the analogy or connection, if any, between these obscure states of the nervous (mental) and physical systems.

An Action for Libel.—A trial has been had in the Supreme Court of the city of New York, of some considerable interest—Dr. Isaac F. Merkle *versus* Dr. Marinus Willet—growing out of a misunderstanding between those gentlemen, in relation to the medical treatment of a patient. After a thorough examination, in which several physicians were called upon for opinions, the jury found a verdict for the defendant. An appeal, however, has been made from the decision, and a new trial will probably take place. The editors of the U. S. Journal remark—"We know neither of the parties concerned, but we should be glad to see an example or two made, by a jury of our country, of some of those talking doctors, who look for *nothing else to do*, and who, unfortunately for the character of the profession, exist among us."

Epidemic at Dedham.—Since the publication of our last weekly number, we have been informed that an epidemic disease of an alarming character has appeared among the operatives in the woollen factory at Dedham. The most prominent symptoms that have as yet presented themselves in the cases of the sickness alluded to, render it almost certain that the disease is typhous fever. The only case which has thus far terminated fatally, has been submitted to a post-mortem examination; and the result of the autopsy disclosed indubitable evidence of extensive disease pervading in a greater or less degree the mucous membrane throughout the alimentary canal.

Dental Charges.—A case was decided on Wednesday last, in the Court of Common Pleas, in this city, against a dentist, who claimed what was considered an exorbitant price for a simple operation. Although we made arrangements for obtaining the facts, together with the testimony of several distinguished dentists who were called upon, by some untoward mishap the reporter's minutes have not been prepared. It would be extremely unjust, therefore, to attempt a history of the transaction, without knowing precisely the story of each party—both being gentlemen of the highest worth and respectability in the community.

Washington Medical College.—Ten young gentlemen received the degree of doctor in Medicine at this School on the 19th of March. Several appointments, it is said, of professors, will be made there, in the course of next month.

Remedy for Ringworm.—An English physician recommends, as an effectual remedy for ringworm, a lotion composed of the "liver of sulphur" of the shops, and water, in the proportion of half a drachm or more of the former to one ounce of the latter. This is to be applied twice or thrice a day, the diseased parts, previous to each application, being well washed with soap and warm water. "Gas water" is said to be frequently and successfully employed for the same purpose.

Hiccough.—What would be a remedy for an obstinate hiccough, which comes on nearly every day, and lasting ten, twelve, and sometimes twenty-four hours?—A correspondent has a colored man under his care, who suffers severely in this way; but he has thus far afforded the patient only temporary relief by the administration of emetics, all other medicines being wholly useless. Communications upon the subject, would greatly oblige the gentleman who solicits the information.

Wearing Flannels.—As the genial sunshine of spring advances, those accustomed to wearing flannel under-garments are too much disposed to lay them suddenly aside. This is an error of great magnitude. Keep them on till the east wind is no longer elaborated; till the flowers are blooming in the fields, and a uniform atmospheric temperature is established. A multitude, annually, are hurried to an early grave, in the very meridian of life, in consequence of not understanding, or by neglecting, this simple though important advice.

India Rubber Ear-trumpet.—Among the countless number of ingenious contrivances growing out of the successful manufacture of India rubber, is an ear-trumpet, which promises to be a really useful instrument for the partially deaf. The flexibility of the tube is advantageous, from the circumstance that the apparatus may be carried very conveniently in a small side pocket.

Operation of Lithotomy in Infants.—At a late meeting of the Society of Practical Medicine, M. Guersent gave an account of three operations for the stone, which he had just performed upon children. The first, an infant three years of age, had a small calculus at the extremity of the urethra; this was removed by a very small incision. The second, seven years and a half of age, presented for the last few months all the rational symptoms of the stone, which was moreover recognized by the sound; the stone seemed large. M. Guersent performed the bilateral operation; but this did not give sufficient room; he then changed the operation to the quadrilateral, and extracted a calculus fifteen lines in its largest, and twelve in its smallest diameter; the thickness eight lines; the child did well for three days, but died of peritonitis on the fifth. The third patient, eleven years of age, was operated on by the bilateral method; the stone in this case was encysted, and the operator was forced to remove some of the mucous membrane of the bladder with it; the little patient, however, got rapidly well.—*Gaz. des Hop.*

Petechie are frequent in epidemic fevers. It is perhaps worth remarking that this eruption is not visible on negroes; at least I never could discern them in the case of any individuals of that race whom I have seen affected with fever in Africa, or elsewhere. The same thing is stated by Stendal. A writer in an old periodical speaks of a case in which the eruption was so rife as to be seen through the nails of the patient. They were very common in the Irish epidemic of 1817.

M Cormac on Continued Fever.

Application of the Dynamometer and Pulley to the Treatment of Luxation.—Dr. Sedillot, in a memoir recently presented to the Academy of Medicine of Paris and published in the *Gazette Médicale* of 23d of August last, recommends the employment of the dynamometer and pulleys in the treatment of fractures. The use of the former instrument permits the surgeon to ascertain with mathematical precision the extending power he employs, whether resulting from the efforts of assistants or the action of pulleys, and the force being thus submitted to calculation, the pulleys, he thinks, may be advantageously substituted for manual assistance; the former allowing of a more equal, graduated, or permanent extension, without the oscillations and jerks which occur when manual assistance is used.

American Journal of the Medical Sciences.

Extirpation of the Parotid Gland.—By Dr. M. Eulenberg, of Wriezen on the Oder.—The subject of this case was a female, aged 29, who was affected with a scirrhus of the left parotid gland. When the whole circumference of the tumor had been detached, it was found that a small process, about the size of a hazelnut, extended so profoundly between the

deep-seated parts, that it could not conveniently be dissected, until the principal part of the tumor was detached. This was accordingly done in order to make room, when a hook was fixed in the small lobe in question, and it was in like manner removed without much difficulty. The operation was performed on the 7th of April, and on the 11th of May the wound had completely healed, merely leaving the paralysis of the face, which was the necessary consequence of the division of the facial nerve.

Rust's Mag. für die gesammte Heilkunde.—*N. American Archives.*

Extensive Ossification of the Spleen.—By Dr. Julius Schmidt.—The subject of this case was an old drunkard, who died suddenly. The coats of the stomach were found very much thickened, and in attempting to detach numerous adhesions which the spleen had formed with the surrounding parts, its substance, which was preternaturally soft, was broken up by the hand. In the midst of it was found a bony mass, amounting to half the size of the organ.—*Hufeland's Journ.*—*Ibid.*

Purulent Matter found in the Centre of a Fibrinous Concretion.—M. Bricheteau presented a heart affected with aneurism, in the right auricle of which there was a fibrinous tumor as large as an ordinary nut, containing in its centre, consistent purulent matter. The fibrine was disposed in concentric laminæ, similar to the arrangement that is observed in aneurisms of long standing.—*Revue Medicale.*—*Ibid.*

Whole number of deaths in Boston for the week ending April 19, 19.

Of croup, 2—croup, 1—consumption, 3—dysentery, 1—dropsy on the brain, 1—disease of the brain, 1—inflammation of the lungs, 1—intemperance, 1—lung fever, 3—throat distemper, 1—sudden, 2—worms, 1—unknown, 1. Stillborn, 2.

ADVERTISEMENTS.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

epit.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—1f

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 29, 1835.

[NO. 12.]

ON ABNORMAL SOUNDS IN DIFFERENT PARTS OF THE HUMAN BODY.

FROM RECENT LECTURES BY F. MAGENDIE.

IN my last lecture, Gentlemen, I spoke to you of two abnormal bruits which are often heard in the circulation, viz. the bruit de soufflet and the bruit de râpe. The former sound has been familiar to pathologists, and especially to those who have occupied themselves with the phenomena of auscultation, for many years. It has been long known as a fact, that when you listen to the circulation of the blood, as it takes place through the great vessels in the neighborhood of the heart, you often hear a peculiar sound, or bruit, somewhat resembling the noise produced by a bellows, and hence its name, "bruit de soufflet." This may be accompanied by a diseased condition of the heart and arteries, or, as is, I believe, more frequently the case, may be perfectly independent of any pathological lesion. But we also had occasion to notice a bruit which is developed in consequence of a change of organization, and presents itself in company with other abnormal sounds, or is heard supplying the place of one of the natural ones. This is the saw sound or "bruit de râpe," from the harsh, grating sensation that accompanies it.

Before I enter into a consideration of any abnormal sound, let me here remind you, once again, to lay aside those preconceived ideas which, I fear, you have adopted as to the nature of the bruits emanating from the human body, and the heart in particular. Your medical education has, no doubt, led the greater part of you to consider the stethoscopic phenomena of the heart and circulating system, both in health and disease, as being purely of a vital nature; but if you wish to follow my lectures with advantage, you must endeavor to get rid of this radical error. Nothing can be more contrary to the fact than the supposition that the sounds of the heart and arteries are of a vital nature, or depend upon a proximate vital cause. They occur indeed in organs possessing life and exercising certain vital actions, but that is all. Sound in the animal body, as well as in the external material world, is a simple physical phenomenon; and for its production we must have a physical cause, the concurrence of certain physical conditions, which I have already explained to you at length.

The abnormal sounds of the heart must, therefore, be sought in the operation of some physical cause or causes; but it is by no means so easy a matter to discover what the precise nature of that cause may be, and to adapt each condition to the varying and uncertain phenomena exhibited by the heart in a state of disease, and, above all, to seize an ex-

planation which shall be perfectly in harmony with the theory we have already proposed on the natural sounds, and with the numerous physiological facts we have adduced in its support. One cause of difficulty against which the physician has to labor in forming an explanation of the abnormal bruits of the heart, is the impossibility of studying them at his leisure. For the normal sounds this cannot occur. The great majority of patients in our hospitals will give you a daily opportunity of examining and reflecting on, with all the attention and time the subject may require, —of studying, I say, at your leisure, the healthy bruits of the circulating system; but we cannot observe the morbid phenomena as we wish, much less certain symptoms of rare occurrence. It is only, as it were, by accident that these sometimes present themselves to our notice. Even in the wards of our largest hospitals you may often wait for a considerable time before you find a patient who furnishes an example of an abnormal bruit, and then in all probability it will be merely the bruit de soufflet. Thus, for example, I lately examined all my patients at the Hotel Dieu for twenty days consecutively before a well-marked pathological bruit fell under my notice. But the difficulty of our subject must not deter us from endeavoring to throw all the light upon it that we can obtain from the accessory sciences. With this view I have made several physical experiments, chiefly in order to ascertain the effect of fluids passing through tubes under various circumstances, and I have arrived at some results that are interesting, and may hereafter be productive of practical benefit. Thus I fitted a large syringe, to several gum-elastic tubes of various diameters, and pushed in a quantity of fluid. The passage of the water through the tubes gave rise to a very distinct bruit de soufflet, and hence I conclude that in all probability the seat of the abnormal sound resides in the parietes of the vessels themselves. The reasoning is not indeed rigorously strict or demonstrative, but it is the nearest approach that we can make to an explanation in the present state of the science.

If the theory which I have just ventured to advance be true, or shall be confirmed by further observations and experiments, it will follow that the bruit de soufflet depends upon the dilatation of the arterial branches; and we shall thus obtain an additional proof of a proposition laid down in an early part of the present course, viz. that at each contraction of the heart the arterial tubes through the whole system undergo a corresponding degree of dilatation. This, you know, has been positively denied by several physiologists of note. However, in order to develop the abnormal sound of which we speak, there must be something more than a simple expansion or dilatation of the artery, and this part of the subject requires a thorough investigation. Perhaps the frottement of the blood against the parietes of the vessels may share somewhat in the production of the bruit de soufflet, or a certain degree of pressure with a certain current of fluid may be necessary. These are merely ideas which I throw out for your consideration. Do not take them as facts, or as materials of a positive theory; for, as I before remarked to you, our physical knowledge is here extremely limited, and we have an immense progress to make before we can hope to explain with certainty the physical conditions giving rise to the abnormal sounds of the heart.

We have, however, I believe, made some little progress already in the investigation of this difficult subject: thus as to the explanation of the *bruissement* heard in the neighborhood of aneurismal tumors in cases of circumscribed aneurism (and which, by the by, Laennec distinctly calls "a vital phenomenon"), we found this bruit most distinctly in the parietes of an elastic tube, where a portion, weaker no doubt than the rest, had given way, and produced in this manner an artificial circumscribed aneurism. The sound which we heard over the dilated pouch of elastic tissue was exactly similar to the *bruissement* described by Corvisart as a symptom of aneurism of the ascending aorta. So far the idea which we have advanced was confirmed by experience, and the error of Laennec at the same time clearly demonstrated; for if the bruit, or, as he calls it, the "*fremissement cataire*" of aneurism, were in reality a vital phenomenon, how comes it that it was faithfully reproduced in the experiment to which we have alluded?

There is another bruit which frequently enters as a symptom of organic disease of the heart, and which, I have no doubt, admits of explanation upon similar principles. You remember I spoke to you of a "*bruit de râpe*," heard whenever an obstacle occurs to the free passage of the blood through the valves of the great vessels springing from the heart. I made some experiments with elastic tubes, and succeeded before lecture in reproducing this abnormal sound, but when I endeavored to obtain it before the class, my experiment failed; since then I have reflected upon the causes of our failure, and it struck me that we had not sufficiently imitated the physical conditions in which the vessel that produces the *bruit de râpe* is placed. Thus, we were content with merely suspending a portion of artery from the internal surface of the elastic tube, and then forcibly injecting a quantity of water against the obstacle; but it is evident, that in order to approach as near as possible to the condition presented by an ossified valve, or a tumor, &c. we should have suspended some solid resisting body, like a piece of wood, in the tube: perhaps this may have been the cause of our failing to obtain before you the *bruit de râpe*. I shall, however, repeat the experiment with more caution, and we shall then see whether a more solid obstacle to fluid may not produce the desired result. When we consider the persistence of the *bruit de râpe*, as contrasted with the *bruit de soufflet*, and reflect upon the phenomena that constantly accompany it, we cannot avoid connecting this abnormal sound with some permanent pathological condition of the part in which it is produced. I consider the physical sound of the *bruit de râpe* to be some obstacle of a solid nature generated in the substance of the artery, and thus partially obliterating its cavity, or some mechanical impediment to the passage of the blood through the orifices of the heart, which are guarded by valves. At least in all the post-mortem examinations which I have made of patients who have exhibited this stethoscopic symptom during life, I have always found the pathological change now described, and hence am induced to attribute the *bruit de râpe* to the manner in which the current of the circulating fluid strikes against the morbid production opposed to it.

Let us now pass to some sounds which are occasionally heard in other parts of the system. These are common to either the arteries or the

veins, but they have been neglected by the greater part of physiologists, or merely attracted the passing notice of the physician, without giving rise to any deep or philosophical investigation. Thus, in some cases, one of the chief symptoms of which a patient complains, is a ringing in the ears. You must have all remarked this phenomenon at one time or another in yourselves or others. On certain occasions the bruit is extremely distinct and strong; indeed, so strong, that the patient complains of its preventing him from enjoying a moment's rest or sleep. At other times there is a constant dull murmur, which is most tormenting. It may, I think, be explained, by the frottement of the circulating fluid against the parietes of the carotid artery, as it passes to the brain from the base of the skull through the carotid foramen.

Let me call to mind briefly the peculiar disposition of this vessel in the upper part of its course, before it breaks up into the branches composing the anterior and lateral parts of the circle of Willis. The internal branch of the common carotid artery ascends, slightly curving, upon the anterior straight muscle of the neck, until it reaches the orifice of the carotid canal, through which it is transmitted to the interior of the skull. During this part of its course it is situated very close to the eustachian tube, a membrano-cartilaginous tube, extending from the middle ear to the back of the fauces, and capable, as you all know, of transmitting sound from one to the other of the parts; but what I would chiefly wish to remind you of is, the manner in which the carotid artery, necessarily following the various flexuosities of the canal, instead of presenting the appearance of a straight vessel, becomes flexuous in its course, and changes its direction at least four or five times before it emerges at the side of the sella tursica. This peculiar disposition of the artery has evidently for its object to diminish the impulse of blood upon so delicate an organ as the brain, and to regulate its supply in the same way (though not so perfectly, for in the human body circumstances do not require it), in the same way, I say, as the rete mirabile prevents the too sudden afflux of blood to the head in certain mammalia. But the mechanism by which this advantage is obtained, gives rise to the sound which is occasionally heard in the ears; and remark, that this symptom prevails most intensely in plethoric states of the system, when the heart acts with violence, and the energy of the circulating vessels is increased by general or local causes. I do not know that physicians have paid any attention to this bruit, further than regarding it as a sign of determination of blood to the cerebral organ; indeed in many cases it may be just strong enough for the patient to hear it himself, though the physician cannot; however, a medical practitioner in Germany has lately published some cases to prove that inflammation of the brain is always attended with the development of a peculiar bruit in the carotids: he placed the stethoscope on the base of the skull, and found a distinct bruit emanating from the vessels, through which the blood flowed with increased force and rapidity. I have sought for this new stethoscopic symptom, but have never succeeded in finding it; however, I see nothing extraordinary in it, nor any reason for not believing that it may exist under the circumstances alluded to. It is a subject that may be followed up with the hope of giving rise to beneficial practical results, and whenever a patient may fall under your care who complains of this

noise in the ears, I would recommend you to examine him with care, to note assiduously the minutest circumstances, and to determine, if possible, the physical phenomena either accompanying or giving rise to it. One thing certain is, that the origin of the sound of which I now speak, resides not only in the peculiar disposition of the internal carotid artery at the base of the brain, but is also closely connected with the greater or less degree of energy of the heart's contractions; thus I have had frequent occasion to observe this symptom in patients laboring under active hypertrophy of the ventricles, who were constantly tormented by a loud noise in the ears; and I have also proved that any remedy which diminishes the force of the heart's action, has a corresponding influence upon it; in fact, after one or two bleedings, and when the system commences to feel the effects of strict diet, repose, &c. it generally disappears.

In other cases the bruit of the heart's shock is heard in the arteries, and sometimes is distinguishable even throughout the whole arterial system. Not long ago a case of this kind fell under my care; the patient was affected with continued fever, and there was not a part of the body, in the neighborhood of any considerable vessel, where the bruit of a shock could not be clearly heard. Even when the stethoscope was placed over the radial artery, we had a distinct shock accompanying each stroke of the pulse. I examined this case with the greatest attention, on account of its novelty, and am certain that the sound thus developed was a real bruit, though, as to its cause or nature, I cannot attempt to give you the slightest explanation; the fact, however, deserves to be recorded: perhaps longer experience and future observations may give us some clue to its cause.

Again, in large aneurism of the arch of the aorta, or of the pulmonary artery, close to its base, you hear a peculiar sound at each dilatation of the sac, making a third bruit in the precordial region: this pathological bruit is the more distinct and remarkable, in that it separates the two normal bruits from one another.

M. Bouillaud has described another abnormal bruit, to which he has given the strange name of "bruit de diable;" you all know the circular instrument called "diable;" this produces a discordant sound, to which M. Bouillaud has assimilated the bruit he heard in the carotid arteries, and thence gave it the name of bruit de diable. It has never fallen, however, under my observation, and I shall pass it over in silence, rather than hazard an opinion upon what I know nothing of by experience.

There is also another bruit which is sometimes observed in cases of aneurism, or as a result of an accident which I fear too frequently occurs—viz. the wound of the artery, as well as the vein, in bleeding; this is the sound called, in technical language, "freuissement," and in all probability arises from the vibration of the elastic tissues surrounding the injured part.

Were we to examine carefully the various cases which daily pass before us, either in private or in hospital practice, we should, I venture to affirm, discover several other bruits in the human body which have not as yet attracted the attention of the physician or the surgeon; indeed, there still remain a few to be noticed, but the short time which still remains for the completion of my course, compels me to pass to the consi-

deration of others that are infinitely more important in a practical point of view, afford a wider field for physiological investigation, and, moreover, are of so frequent occurrence, that you cannot set your foot in the wards of any hospital, however small and insignificant, without having abundant opportunity of studying them at your leisure.

[To be continued.]

SUCCESSFUL OPERATION FOR HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case, not because it is an anomaly, but for the sake of preserving practical facts. Should you consider it of sufficient merit, please insert it in your valuable Journal.

I was called on the 24th of Nov. last, to visit Isaac Wentworth, 24 years of age, in an adjoining town, where I arrived in the evening, and found the symptoms of the patient to be those of strangulated hernia, as it has hitherto been called. On inquiry, found he had been laboring under his present illness thirty hours (his physician, whom he called the first day of the attack, saw proper, from some cause or other, to abandon him the morning previous to my being called). The patient said he had distress in the right side. While in a recumbent posture no tumor was to be seen; but on applying the hand I could evidently feel a firm, hard, though small tumor opposite the crest of the ilium. The young man observed that he had been ruptured ever since his remembrance. I then examined for the lower external aperture, where the hernia had made its former appearance, and where a truss had been applied and worn for a number of years, and readily found it—of so large a size and so free and clear, that I could pass my finger and the surrounding integuments into it. On further inquiry, with regard to what had been done, I was told that he was bled on Friday, the first day of the attack. A poultice of yeast and N. Rum had been applied over the region of pain the preceding day; and on the morning of my visit he had taken a cathartic prescribed by his first physician, but which was resisted by the stomach. When the patient stood upon his feet, a large tumor protruded itself through the external walls of the abdomen. Being satisfied of the character of the disease, the case was explained to him to be an incarcerated hernia; or, in other words, what has generally been denominated strangulated hernia, though it differed from common cases in this, viz. that instead of a stricture formed at the lower external aperture, there was a stricture, in this instance, formed at the internal oblique aperture. As the young man did not readily consent to an operation, a bag of pounded ice and salt was directed to be applied over the tumor, the patient being placed in a favorable situation for reduction by the taxis.

About sunrise, on Monday morning, he consented to an operation, as I had repeatedly advised through the night, as I could not discover any positive symptoms of mortification; and I was permitted to commence, assisted by my student, Mr. Knight, and a few people of the neighborhood. An incision was first made through the integuments over the tumor, and so on, systematically, down to the hernial sac, which was open-

ed, and was found to contain between four and six ounces of bloody serum. A loop of the small intestine, whose walls on its convex surface were of a dark chocolate color, and its internal surface of a bright red or crimson color, came into view. Search was now made for the stricture. The finger was passed into the ring between its walls and the sac, which entered so readily that I conceived there was not a stricture sufficient to produce all the present difficulty. I then undertook to pass my finger between the sac and confined bowel; but found it impracticable, from the firmness of the adhesion. With difficulty I then passed a spatula between the bowel and internal surface of the divided sac, and afterwards a probe-pointed bistoury, though with the utmost difficulty, in consequence of the firmness of stricture. However, after making a second incision, I succeeded in relieving the stricture sufficiently, by raising the hips and flexing the thighs, to return the bowel within the abdomen. There was no adhesion between the bowel and peritoneal sac, nor of the peritoneal sac on its external surface, excepting where it had descended to the lower external aperture.

Dressed the wound, and laid the patient on the bed, one hour from the commencement of the operation. In the course of one hour more, violent reaction came on. An enema of the solution of muriate of soda, and a mucilage of gum Arabic for drink, was prescribed. Ordered powders to be given every six hours, composed of half a grain of calomel, one-eighth sulphate morphia, three grains oxide ant. and eight grains of nitrate of potash.

On the following morning, the patient took a laxative composed of castor oil and spts. terebinth. Second day after the operation, heat and thirst abated; had two stools after taking the laxative. Ordered the same course to be continued, and on the 5th day he was convalescent; the wound looked healthy. 7th day, the patient was improving in every respect—the wound healing rapidly. On the 9th, he was in good health.

Here the principal stricture was in the peritoneal sac at its neck, or rather in that portion of it situated within the internal ring, and not in the facia or ligaments which form it—and this has been the principal reason for reporting the case.

In cases of this kind, where the sac with its contents is returned within the cavity of the abdomen, will the difficulty be permanently removed? I conceive that it will not. An intelligent physician has related to me the annexed facts, which occurred last month, in the town of Tuckfield. A Mr. Baily, who had been confined to his bed for a week or more, on the evening previous to his death was assisted to rise for the purpose of having the bed adjusted; but while up, as he had been laboring under inguinal hernia for some time, it came down, and he returned it himself, as usual. Immediately all the symptoms of incarcerated hernia came on so violently, that his attending physician proposed to the friends a consultation in the morning. But as the distress increased, the family sent in the night for the physician who had been named for counsel. When he arrived the patient had been dead about five minutes. There was no post-mortem examination; but from his narrative of the particulars, I consider that every symptom of irreducible hernia attended from its first

to its last stage ; i. e. from incarceration to that of strangulation, and from strangulation to that of mortification and death.

Very respectfully, yours.

JONATHAN S. MILLETT.

Norway, Me. April, 1835.

CASE OF IMPREGNATION OF THE OVARIUM, COMPLICATED WITH A FALSE CONCEPTION, OR MOLE IN THE UTERUS.

TRANSLATED FROM THE ANNALS OF THE MUSEUM OF FLORENCE, BY W. TULLIDGE, M.D. OF FLORENCE, TUSCANY.

[Communicated for the Boston Medical and Surgical Journal.]

NATURE not unfrequently deviates from her ordinary laws, in the multiplicity of her productions. She offers, from time to time, to the contemplation of the penetrating and philosophical observer, as well as to the uaturalist and accurate anatomist, singular examples of her deviations. The diversified means she employs, in the development of the germs of animal organization, are so variously modified, and by which the same formative power of production unfolds into existence such objects, as cannot but excite equally our attention and astonishment. The knowledge of the forces, and the means, which this universal mother employs, probably comprehends many problems of the animal economy which yet remain unsolved ; for as yet the scrutinizing inquirer has not penetrated into her laboratory, and surprised her in her labors, so as to develope her secret agencies. Nevertheless, there are many facts and observations which afford a clue by which we may penetrate some steps into the obscure region of her mysteries ; and by the accumulation of such facts, and the examination of their results, we may advance, and obtain more light in the difficult investigation.

The subject of the present memoir, Signora Anorunziata Vettori, was a native of Florence, of a delicate constitution, and of a high degree of sensibility, of the age of 34 years. She had been four times pregnant, in the course of her matrimonial state ; the three first offer nothing extraordinary, except the misfortune of two abortions—the first at the seventh, and the second at the third month. At her third pregnancy, she reached the eighth month ; the infant survived a few days only. In her last delivery and previous abortion, a violent menorrhagia ensued, and reduced her to such a state of debility that her life was despaired of, which was accompanied by an obstinate fluor albus. She, however, so far recovered that she became pregnant for the fourth time, and this pregnancy was indicated by the suppression of the catamenia, frequent nausea and vomiting, with an evident alteration in the breasts, and increased size of the abdomen. Combined with these symptoms there was a considerable degree of debility, and the leucorrhœa continued, with a certain indescribable uneasiness of the right hypogastric region. This state of the system being considered as the consequences of the nervous temperament, and the debility induced by the pregnant state, occasional anodynes and restoratives, with a regulation of diet, were alone prescribed. This plan of treatment produced no alleviation ; the symptoms exacerbated, with the advance of her pregnancy, and the hypogastrium became more painful.

About the third month there was a small appearance of blood from the uterus, and soon afterwards a very obstinate vomiting, accompanied by such pain and soreness of the abdomen as to be sensible to the slightest touch. This state was succeeded by an alarming syncope, during which all pulsation ceased for some hours, and the surface of the body became as cold as ice, at the same time covered with moisture. The face appeared hippocratic, and the sight became amaurotic. The danger became still more alarming during the night, and she was considered to be in a dying state. Nevertheless, the continued application of hot fomentations was persisted in, with cordial draughts, and small portions of good wine occasionally. By the continuance of this treatment, the dangerous symptoms abated, and the abdominal pains were considerably diminished. Her sight also returned, but the vomiting continued.

On the 27th of September the discharge of blood from the uterus became more profuse, and she brought forth a very vascular fleshy substance. This miscarriage had a considerable effect upon her mind, which appeared to be exhilarated with the flattering hope that the cause of her illness and sufferings was now removed; and although the vomiting and abdominal pains occasionally returned, there was no suspicion of another conception. In six days subsequently, after having passed a very easy and tranquil day, more free from pain than she had been from the commencement of her illness, she was attacked early on the following morning with a violent accession of pain of the right hypogastric region, attended with vomiting, followed by syncope, and the surface of the body again becoming cold. The pulse ceased, with loss of sight and speech, yet her senses remained. Towards evening her forces rallied, and a fever with full pulse ensued. The anodyne and restorative medicine prescribed had no effect whatever in obviating the vomiting or the other symptoms, which indicated such extreme danger. Soon afterwards a cessation of secretion of urine, with greater tumefaction of the lower part of the abdomen, took place. In this state she lingered till the fifth of October.

The circumstances which had preceded and accompanied the first stage of pregnancy, the pains of the right hypogastric region, the pertinacity of the vomiting, and the pains which continued after the expulsion of the false birth, were manifest signs of an extravasation of blood in the cavity of the abdomen, and indicated the existence of another conception, which was not before suspected.

Dissection.—Upon opening the cavity of the abdomen, an immense sanguineous extravasation was found there; and after removing this quantity of grumous matter, there was found in the lower part of the right iliac cavity, a small fœtus of the male sex, fully developed, and which appeared to be of about three months. This fœtus was attached by the funis to the corresponding ovarium, in the midst of which was implanted the placenta. The ovarium presented itself, as a large tumor of the size of a turkey's egg. There was an opening in the inferior part of it, from whence the fœtus had issued, and this opening exposed the cavity, in which was implanted the placenta. The ovarium and fallopian tube, on the left side, were observed perfectly sound. The uterus was nearly double the natural size, being large enough to contain a fœtus of three

months, and its parietes were considerably thickened. The placenta, in the posterior part of its attachment to the ovarium, was lacerated and disorganized. The anatomical preparation of this interesting case is placed in the Imperial Museum of Physical and Natural History of Florence.

Here terminates the history of this singular case ; but some reflections naturally offer themselves in illustration. The multiplied experiments of Vallisneri and Spallanzani to ascertain the development of organic germs and the process of conception, have undoubtedly thrown some light upon the system of generation ; but we are yet far from being able to class our knowledge of the subject amongst the catalogue of physical truths. In the preparation preserved of the above singular impregnation, the pined extremity of the fallopian tube is seen strongly adhering to the ovarium. It is therefore probable that the fallopian tube, after having carried the prolific fluid to the ovarium, and to which the tube attached itself, at the moment of conception, abandoned not the same ovarium after having received the germ in its cavity, nor would it do so (whatever time may interpose) between the conception and the detachment of the germ ; and hence we may infer the natural development of germs in the uterus, and why the impregnation in the fallopian tubes is much more liable to occur than that of the ovaria. With regard to the cause of the pains occupying the right hypogastric region, these were consecutive to the distention of the abdomen, and may be ascribed principally to the ovarium not admitting the degree of extension which was necessary, and proportional to the successive development of the foetus, and these pains were no doubt augmented by the weight as well as the distention. From this circumstance, too, may be observed the inevitable necessity of the laceration of the ovarium, and which did not occur until the third month of pregnancy. But that which merits more particular attention, is the changes which were indicated by the symptoms ; as undoubtedly the exacerbation of the pains of the right side, the increased bulk of the abdomen, the icy coldness of the whole surface, announced clearly, fifteen days before death, that the laceration of the ovarium, and consequent extravasation of blood into the cavity of the abdomen, had taken place. In such a deplorable state, with so considerable an organic derangement, life could not possibly be prolonged, nor the least ray of hope be held out to the suffering patient.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1835.

INTERESTING PHYSIOLOGICAL EXPERIMENT.

AN ounce of gastric fluid, taken from the stomach of Alexis St. Martin, nearly a year since, has been kept in the laboratory of Dr. Charles T. Jackson, of this city, corked up in a phial, and exposed to the variations of temperature, through the last summer and winter, for the purpose of observing what changes would take place in its composition. The temperature of the room has varied from 100° to 30° F., and the gastric

fluid has not in any manner changed in its chemical composition—it having only let fall a cloud of mucus which is totally insoluble in the fluid. This gastric fluid has preserved its digestive properties unimpaired, and now dissolves meat as readily as when first extracted from the stomach. Dr. Jackson took it from Alexis St. Martin on the 6th of May, 1834, and after having filtered it through coarse bibulous paper, corked it up in the phial as above stated. The experiment of digesting five grains of the muscular fibre of roasted veal, was performed with a 1-2 ounce of this fluid, on Thursday, the 23d of April, 1835, the phial being kept warm and in agitation by carrying it in his watch pocket while on professional duties about town. The entire solution took place in twelve hours. Dr. Jackson, with his usual perseverance, has made a series of experiments with this fluid, and a proximate chemical analysis of its constituent parts, which will soon be published in some one of the medical periodicals, the result of which we shall lay before our readers.

Why are not the services of this gentleman secured by some of the medical schools? As a chemist, he certainly excels—having no superior in this important department of medical science.

MEDICAL MANŒUVRING.

WE have heretofore had occasion to make reference to several anonymous communications which have been sent to our address, relative to alleged medical manœuvrings in this metropolis. The subject is again referred to, in order to state that we wish it distinctly understood by all who read this Journal—(and, by the way, it is pretty certain that a goodly catalogue manage to peruse its pages, who do nothing towards its support)—that though we feel a perfect willingness to publish facts which will be interesting to the profession, yet there must be a responsible name attached to all such articles as would be calculated, from the peculiarity of their character, to rouse the indignation, wound the delicacy, or call in question the motives, of any individual. That the spirit of intrigue is now at work, as it always has been and will be in a city where competition exists in professional business as well as in trade and manufactures, is not to be doubted; but there is a wide distinction to be made between honorable ambition and low cunning. Much is said about medical aristocracy—and not, perhaps, without reason. But the very men who reprobate the doings of others, would, if placed under similar circumstances, there is great reason to fear, arrogate quite as much power to themselves, as appears odious to their jaundiced eyes in those whom they eschew as medical monopolists.

Being desirous of passing over the rough road of life as comfortably as possible, without interfering with the rights or privileges of others, we can conceive of no condition more wretched than that kind of intolerable selfishness which grasps at even the good name of a rival. A man's good name is not to be cauterized without cause. It is his jewel; and to pursue a course of treatment which has a tendency to lessen the confidence which may be reposed in him, either as a physician or a citizen, without manfully assuming the responsibility of declaring and carefully substantiating the accusation, would be no less atrocious than highway robbery.

Again, it would be absolutely hypocritical to deny that we are impressed, most fully, with the conviction that some of the insinuations so strange-

ly sent to us, are based on truth ; and when fair statements are presented, with an avowal of the authorship, no unwillingness will be manifested to conceal abuses or barricade the falsely acquired reputation of a medical manœuvre.

Within a very few days we have been accused of being in the interest, and, indeed, at the quiet disposal, of what our correspondent denominates a clan, who, 'while cutting the cloth to suit their own measures, manage most adroitly to keep us subservient to their plans of medical aggrandisement. This is as false as it is abominable. We are neither to be bought nor sold ; and we take this opportunity to declare, triumphantly, that we are in every respect entirely independent and unshackled. Because, forsooth, we are professed peace-makers, devoted to the quiet pursuits of medical literature, and catering to the best of our ability for a Journal which is circulated in sections of the country where these local feuds are unknown and uncared for, we are said to be muzzled !

Give us facts—we repeat the invitation—and be in readiness to substantiate them, and we care not how much medical iniquity is exposed, nor who swings upon Haman's gallows. We never had a tact for discovering the moles in a neighbor's eye ; but we do not, however, on that account, question their actual existence. Yet our own personal intercourse and general acquaintance with the profession in New England, give us the most favorable opinion of the intrinsic worth and claims to respectability of the whole body.

In dismissing this subject, we would again state that our columns are open to whatever can serve the medical profession, promote merit, or better the physical condition of mankind.

THE SPRINGFIELD SOMNAMBULIST.

IN the last number of the Journal an erroneous statement, relative to Miss Rider, was inserted. Dr. Belden, her former physician, and the gentleman to whom the philosophic world is indebted for an admirable history of her case, has sent us the accompanying note, which we are happy to lay before the public.

Springfield, April 23, 1835.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am sorry to find an error of "one of the Springfield papers," respecting Jane C. Rider, transferred to your Journal. By recent letters both from her and her present medical attendant, I learn that she does NOT now possess the extraordinary power of vision which she manifested when in Springfield. She has, within a few months, suffered much from headache ; and, during that time, has had several paroxysms in which there was a partial interruption of consciousness : but *only in one instance* has she been able to see in the dark. On no other occasion, since she left the hospital in Worcester, has she given evidence of any uncommon power of vision. I am happy to have it in my power to state that her health is now improving—that she has had no paroxysm, of any kind, for several weeks, and the pain in the head is much relieved.

Yours, truly.

L. W. BELDEN.

McLane Insane Hospital.—Dr. Rufus Wyman, who has been identified with this valuable charity since it first went into operation, some sixteen years ago, has recently resigned his situation.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

IN the *Sixteenth Lecture* of the course upon Diseases of the Eye, Dr. Jeffries described some of the diseases of the tunica conjunctiva which are the result of chronic inflammation of that membrane.

The first of these that came under consideration was preternatural elongation of the conjunctiva in the palpebral fissure, which was stated to be most commonly the result of purulent ophthalmia. The characteristic appearances of this fold were described so that it might not be confounded with fungus or granulations of the conjunctiva—these diseases requiring distinct and different treatment. The danger of the occurrence of eutropium, or eversion of the eyelids, from neglect of the disease under consideration, was pointed out, and its treatment by operation was described, with cautions against performing it in such a manner as to lead to ultimate adhesions between the globe and the cut or raw surface of the eyelid, as sometimes happens. The after-treatment, also, has particular reference to this point. Frena, or false membranous bands, naturally claimed the notice of the lecturer, in connection with the last-named subject, and their treatment was described, together with the inseparable difficulties arising from the juxtaposition of the parts.

Before leaving this subject, the pathological character of the membrane lining the anterior hemisphere of the globe, and the internal surface of the eyelids, was commented on. From its disposition to the adhesive inflammation a useful caution was adduced respecting operations upon this part. Fungous growths and excrescences of the conjunctiva were next adverted to, and excision was recommended for their cure. Next, that peculiar state of the conjunctiva, known under the name of pannus, was briefly described.

Particular attention was directed to the consideration of a class of diseases of the eye, which are rendered interesting as much from their comparative infrequency, as from the alarm they excite in the minds of those who are afflicted with them; viz. tumors of the globe. For practical purposes, tumors of the globe, or eyeball, may be divided into the following varieties. 1st. Tumors of the conjunctiva, not connected with any other part. 2d. Tumors of the conjunctiva extending to the cornea. 3d. Tumors on the cornea. 4th. Tumors on the conjunctiva of the globe, extending in depth so as to involve the cellular texture beneath, or such as become attached to the sclerotic coat.

The analogy existing between tumors of the conjunctiva and those arising from mucous surfaces in other parts, was pointed out. Excision was advised as the proper method of cure for tumors of this description. The nature and peculiarities of the other varieties of tumors were successively pointed out, and their treatment, as modified by situation and circumstances, and the mode of operation most appropriate to each, were distinctly described.

The influence of injuries and blows upon the eye, in the production of tumors (sometimes of a malignant character) was noted, and the subject was closed with an account of tumors of the eyelids. A description of encanthis and elongated valvula semilunaris occupied a portion of the hour. The operation to be performed for their removal, in a safe and proper manner, was carefully pointed out.

That very rare and curious disease—conical cornea—received a due share of attention. As regards its formation, or the causes of this change of structure of the cornea, some obscurity is generally acknowledged. The remarkable degree of short-sightedness, which is characteristic of the disease, was explained upon philosophical principles—and hence the benefit afforded to the patient's vision by extraction of the crystalline lens, may be accounted for. The modes of treatment usually adopted were mentioned, and the work of Travers on the eye was referred to.

Ptoſis, or falling down of the upper eyelid, came next under discussion. The various causes which may lead to a drooping of the lid—mechanical causes, weakness, or paralysis of the levator palpebræ superioris—were each in turn adverted to. The beneficial results which may accrue from an operation in certain cases were particularly noted. Forceps of a peculiar construction were used in this operation, for which they have been found well adapted.

Monomania.—As many individuals are decidedly insane upon some one subject, it is evident that the moral treatment of mental diseases has not received a proper share of attention from physicians. In no country in the world, however, is insanity more philosophically treated than in this; yet something further is required, in order to realize the advantages accruing from phrenological science.

Improved Edition of Good's Study of Medicine.—Dr. Doane, of New York, a native of Boston, is engaged in preparing a new edition of this work, which is represented, by competent judges, to be an undertaking that will greatly add to his reputation.

Medical Lectures in Maine.—A gentleman, recently from Brunswick, says that the medical lectures there have just closed. The term has been an unusually pleasant one. Not far from one hundred students have attended, the present season—a number having joined the class after the catalogue was published. It is high time some permanent appointments were made to certain vacant professorships. For one or two years, the chair of Theory and Practice has been filled temporarily, though satisfactorily; and as it regards the anatomical theatre, we hope it will not go a-begging. A permanent faculty would give more character to the institution, already one of the best in this part of the Union. There is not a better field for an accomplished surgeon in all New England, than at Brunswick, provided he were connected with the Collège.

Boyer's Surgery.—Dr. Francis A. Willard, of Charlestown, Mass. is translating Baron Boyer's great System of Surgery. It is embraced in thirteen octavo volumes, averaging five hundred and fifty pages each—one half of which is completed, and now ready for the press. Dr. Willard is distinguished for his industry and critical knowledge of the French language.

Private Medical Instruction.—Two of the best private schools for medical instruction, to which pupils can with confidence be recommended,

in this neighborhood, are those conducted, the one by Dr. Channing and his talented associates, and the other by Dr. Hale, in conjunction with gentlemen of acknowledged acquirements. Students registered in either, enjoy alike all the advantages of the Massachusetts General Hospital, a most admirably organized institution. It is understood there is a third, either in Northampton or its vicinity.

U. S. Marine Hospital, Chelsea.—By an advertisement in this number of the Journal, it will be noticed that our friend Dr. Stedman, surgeon of the above-named hospital, which affords uncommon advantages for clinical instruction, receives students at a price so low, that even poverty is no obstacle to their studies. From a personal acquaintance with Dr. S., and a knowledge of the advantages to be derived from his instructions, we assure those who may be induced to enter their names, that they will fully realize the benefits set forth in the circular.

Tracheotomy.—The following very extraordinary case was reported at a recent meeting of the Académie Royale de Médecine. A young woman, aged 22, who had been cured of extensive syphilitic ulcers of the thorax by the ordinary means, experienced a total loss of voice, and so much difficulty of breathing, that the operation of laryngotomy was resorted to as the only means of affording relief. The division of the crico-thyroid ligament, however, did not give passage to the air, this portion of the larynx being doubtless obliterated by adhesions and false membranes, and it was found necessary to extend the incision downwards, so as to divide several of the cartilaginous rings of the trachea. As soon as this was accomplished, the air passed freely, and respiration was established through the opening. A canula was introduced with the intention of leaving it in the aperture; but as its frequent closure by mucus gave rise to repeated attacks of suffocation, M. Regnoli resolved to excise several rings of the trachea, in order to establish an aperture of sufficient extent to allow of the uninterrupted passage of air, and the free exit of the mucous and purulent secretions. Several fruitless attempts were made to re-establish the natural opening of the larynx, by means of probes passed from the artificial opening upwards. The individual had, nevertheless, survived four years at the period of this report, breathing freely through the artificial passage, which she kept open herself by means of a canula. When she closed the tube, she could make herself understood, a small portion of air finding its way into the mouth, through the larynx, which was probably not completely obliterated.—*Révue Médicale*, Oct. 1834.—*N. Amer. Ar.*

Curious Effects of Morphia.—Dr. Bellingeri quotes a case of violent and obstinate hiccup, wherein acetate of morphia was used by sprinkling on a blister raised over the epigastrium. It produced a sensation of compression of the back part of the head: the patient could neither move nor speak: he had lost all sensation: both epididymes tumefied. In the course of an hour these symptoms disappeared, and were replaced by a general and intolerable itching, particularly of the forehead, nose, chin, and scrotum; at length, after two hours, the itching ceased, and the hiccup was found to be cured.—*Lon. Med. and Surg. Journ.*—*Ibid.*

Entozooa in the Eye.—In a memoir recently published by Dr. Anton Gescheidt, on this subject, we find an enumeration of the following species, which he has found in the human eye: 1. Four fragments of *Distoma oculi humani*, in the eye of a child, aged five months, which died of tabes mesenterica, and was affected with a capsulo-lenticular cataract. 2. Three fragments of *filaria oculi humani*, in the cataractous lens of an old man, aged 61. 3. An echinococcus hominis, between the lens and choroid coat of the eye of one of the pupils of the institution for the blind, who died of phthisis, aged 24. Other cases are reported, in which entozooa were found in the eye of dogs, a hog, and in the falco lagophus.

Hecker's Wiss.—Ibid.

Legislation upon Thomsonism.—A continual press of matter, having priority, has prevented the insertion, this week, of Dr. Williams's masterly exposition, in the Maryland House of Delegates, of the real object and ridiculous pretensions of that most potent of all homebred quackery—Thomsonism. In the next Journal, it will have precedence.

Whole number of deaths in Boston for the week ending April 25, 23. Males, 11—Females, 12. Of consumption, 5—debility, 1—ossification of the heart, 1—canker, 2—canker in the bowels, 1—fits, 2—scarlet fever, 2—infantile, 3—mortification, 1—inflammation of the bowels, 2—hooping cough, 1—bursting bloodvessel, 1—lung fever, 1.

ADVERTISEMENTS.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2,50 to \$3,00 per week.

Boston, April 21, 1835.

(April 29.—3t.)

C. H. STEDMAN.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. Gm.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Boston, April 1, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3,00 a year in advance, \$1,50 after three months, and \$1,00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MAY 6, 1835.

[NO. 13.]

ON ABNORMAL SOUNDS IN DIFFERENT PARTS OF THE HUMAN BODY.

FROM RECENT LECTURES BY F. MAGENDIE.

[See page 186.]

THE sounds which emanate from the lungs, both in health and disease, afford, I say, a most important subject of meditation for the physician, chiefly because they are united in the most close and palpable connection with the healthy or pathological conditions of the organ producing them, and, of necessity, in the same proportion connected with the practice of medicine.

The bruits resulting from the passage of air through the organs contained in the cavity of the chest, are in one respect peculiarly worthy of our attention and strict analysis, because the chest, meaning of course thereby the cavity, its contents, the trachea, and larynx, is a perfect musical instrument, suited, in an admirable manner, for the propagation of sound from the interior to the exterior; indeed, I have no doubt whatever, but that by following up or developing the combination of conditions presented by the chest, we might be able to produce a musical instrument, after its model, of the most perfect kind, in the same way as certain optical instruments are said to have been formed after the model of the human eye; but the subject has never been studied in this point of view.

It is scarcely necessary for me to repeat the convincing arguments we have already advanced to prove that in this part of the body, above all others, the development of sound is merely the result of certain physical conditions which a little attention enables us to seize with facility: let us bestow a few moments on the reconsideration of this part of our subject; it will render the comprehension of what I have to say afterwards upon the pathological sounds of the chest, much more easy.

If we examine the chest as a musical instrument, we shall see that the sonorous part is composed of an elastic tube, which for a short way continues its course undivided, but soon breaks up into a multitude of other tubes, dividing and subdividing infinitely until the whole cavity of the chest is filled as it were with the aggregate of those sonorous conduits; the trachea thus fills the office of what is called the portevent in instruments à anche, for I regard the analogy between the organ of the human voice and instruments à anche, or organ instruments, as most strict and well demonstrated. I cannot agree with my learned confrere and friend, M. Savart, who proposes to compare the organ of the voice to the little whistle (*sifflet*) which hunters use when they desire to imitate the voice of certain birds, and which is composed of a little hemispherical base, a

few lines in diameter, and pierced on either side by two narrow slits, through which the air is made to pass.

The facts advanced by M. Savart are most ingenious, but I cannot agree with him in comparing the larynx to a bird-call (*reclame*) ; on the contrary, the analogy, or, more properly speaking, the resemblance, between the human organ of voice, taken in its whole extent, and instruments à anche, appears to me most evident. Thus I regard the human voice as composed of four distinct parts : and remark how closely the uses of these several parts correspond with those of an instrument à anche. The first is the reservoir of air, formed by the pulmonary vesicles and branches of the tracheal artery. Here it is important to notice how the air in the reservoir is not contained (as is the case in almost all musical instruments) in a single sac or compartment, but is distributed throughout a multitude of little bags and tubes, where it may acquire various physical properties which no doubt have a considerable influence in modifying the quality of the sounds produced. Thus it is not a pure cold air, varying in temperature, &c. as in the reservoir of an organ, for example ; on the contrary the temperature of the reservoir in the human instrument is always fixed ; moreover the air is charged with a certain quantity of humidity resulting from the pulmonary transpiration, and is mixed with a proportion of carbonic acid gas. These peculiarities contribute to give it a great advantage over other instruments of a similar nature.

The reservoir of air in the human organ has also the advantage of being elastic in different ways, another property that modifies its action in a very remarkable manner. The chest, as I have before told you, is composed in great part of elastic tissues ; of curved elastic bones, cartilages, and ligaments, which all concur together in the act of expiration, and, consequently, in the formation of sounds. Besides the parts actually entering into the composition of the chest, we have, below, the diaphragm and abdominal muscles acting with considerable energy, so as to attract or expel the air.

In some of my former lectures I spoke to you at length of the innate elasticity of the lung, and of the various important results derived from that physical condition ; I should now like to consider the elasticity of that organ quite in a different point of view. Let us begin by once more demonstrating this elasticity in the lung, totally separated from all other influences ; here is one which has been removed from the body ; the larynx and trachea remain attached to it ; I now inflate the organ through the trachea ; you see how it is more than doubled in size. When we permit an exit to the air, the lung recovers its original dimensions. Here, Gentlemen, you see an incontestable proof of the elasticity of the lung, for no other influence could have expelled the large quantity of air which we introduced ; you can also, I should think, easily conceive how the current of air passing through a vast number of tubes of different calibres, tubes decreasing infinitely in size, and subdividing at various angles,—you can understand, I say, how the body of air must rub against the parietes of the tubes through which it passes, and thus give rise to the development of sound.

This is actually the case ; in the living body, if you apply your ear

close to the parietes of the chest, you hear most distinctly the respiratory bruit, or, in other words, the sound resulting from the friction of the air against the pulmonary vesicles ; even in the naked lung you can hear the sound of which we speak, though not so well or distinctly, because the lung requires to be covered with the parietes of the thorax, in the same way that certain musical instruments become indistinct, unless their covers be attached to them : however, when I place the end of the stethoscope on the surface of the lung before me, I can make out the respiratory murmur well enough, at each artificial insufflation.

According to the explanation which I have just given to you, the natural respiratory bruit is produced by the friction of the air against the sides of the cells and the extreme bronchial ramifications : hence it follows as a natural consequence, that any affection modifying the condition of those parts, must also modify the nature of the sound resulting from them. Thus, when the cells are obliterated, there should manifestly be an absence of the respiratory murmur, and this experience shows us to be the case. We have every day examples of patients in whom the air is prevented from freely entering and distending the lungs, by various effusions in the cavity of the chest, or by the effect of inflammation which has caused an actual consolidation of the vesicles ; in all these cases we do not hear the bruit respiratoire, but in its place we find a pathological bruit, more or less distinct and loud, the "*soufflet bronchique*," as it is called. This latter must evidently be attributed to the passage of air rubbing against the parietes of a large tube, or one at least possessing certain dimensions. The proof is, we never hear it except in cases where the air is prevented from entering freely into the interior of the pulmonary vesicles ; the cause of this bruit is thus well known, and it is easy to give a physical explanation of it. Indeed, even in the healthy condition of the lungs, we have always a phenomenon somewhat analogous to the one just spoken of. If you take a living animal, or a man, and listen attentively to the passage of the air from the upper part of the lung, or from the larynx into the trachea, you will almost always be able to distinguish a particular sound, quite different from the respiratory murmur : it is a dull heavy sound, and arises from the frottement of the air as it enters the trachea, either at its upper or lower extremity : hence, when much exaggerated, it is called "*soufflet tracheale*."

But let us return to the mechanism of the voice. We have already spoken of the reservoir : the three other parts are the *portevent* ; the *anche* itself ; and the *portevoix*. In every instrument à anche we should distinguish two parts whose uses are quite different ; one is the body, or tube, for the transmission of the air ; the other is the true anche, composed in all cases of elastic plates, capable of vibrating rapidly, and forming a narrow slit through which the air is permitted to pass freely, or is arrested at will ; this is the essence of every anche, and the vibration of the elastic plate or plates (as for example the reed of the clarinet) produces the sound.

In the larynx we find an instrument exactly of this description, and of the most perfect kind ; its mechanism is such that the air may enter freely at one moment, and be suddenly and completely arrested at the next ; various cases of sudden death from interrupted respiration attest this action

of the larynx ; the form of the glottis and the two elastic folds which circumscribe it on either side, resemble as closely as possible the slit of certain reed instruments ; the aperture of the glottis is capable of being enlarged or diminished in an immense variety of degrees. If you examine the larynx of a living animal during the production of the voice, as I have done, by making an incision between the os hyoides and the thyroid cartilage, you will obtain a perfect idea of the motions of the glottis, and you will, moreover, see how the varied tones of the human voice (for the structure of the larynx in the dog is sufficiently similar to that of the human subject to allow the assertion) are connected with the variations in the extent of the opening and the quantity of the elastic plate which vibrates ; besides, you may prove, by direct experiment, that whenever the muscles which are destined to regulate the motions of the glottis cease to work with proper energy, the voice is lost.

The human voice, then, is certainly *an anche*, but one infinitely superior to any that the art of man has, or probably ever will produce ; for the essential part of the instrument is composed of a double elastic plate, vibrating under a thousand changes, and capable, in consequence, of giving rise to infinite modifications of sound ; it is produced by a living mechanism, composed of various contractile bands, each one of which is endowed with a range of contractility which no human art can supply, and thus generating a series of changes in the voice, which human art can never imitate. The larynx produces two kinds of sounds ; one is called the voice, the other is merely the result of the passage of air through the glottis, when the elastic plates no longer act ; it is a mere soufflet, but fortunately is capable of supplying the voice, when this latter has been lost. Thus you all know the case of a distinguished professor in the University, who continued to fill his chair to the satisfaction of the pupils, although he had completely lost the voice, properly so called, and nothing remained but a kind of soufflet, from the air passing through an undeviating orifice. On the second sound or "*bruit vocal*," as physiologists call it, I shall not dwell, because, though presenting many phenomena of the most interesting kind, it is not directly connected with our present subject.

THE THOMSONIAN NATIONAL INFIRMARY.

EXTRACTS FROM DR. WILLIAMS'S SPEECH IN THE MARYLAND HOUSE OF DELEGATES.

WHAT, sir, is the subject now before this house ? It is a bill to incorporate certain men, their associates and successors, to practise the healing art on the Thomsonian system. Is this, sir, the real subject, or is there not something behind the curtain ? Is this merely intended for the benefit of the few individuals who come here and apply for this act of incorporation, and to be confined within the limits of Baltimore ? Do not these men get paid for their medicine and their services ? I am sure they may sell as much medicine as they choose, and obtain as much as they can sell. This, in my humble opinion, is not the principal object. It is, sir, to obtain legislative sanction, to obtain a character, for their

system. And what, sir, will be the consequence of passing this bill ? This legislature will have said, virtually, to the citizens of this State, and to the world, we have examined this subject, and have compared this Thomsonian system with that which is denominated the regular scientific system, to practise which, it is required by the laws of this State that all practitioners shall have pursued a certain course of preparatory studies, and have obtained from competent judges such testimonials of their acquirements and qualifications as will afford some security to community against imposition ; and having thus examined and compared these systems, we are prepared to say that the Thomsonian system is a distinct and perfect one, adequate to meet all the varied indications of disease, and worthy your confidence and patronage. Sir, under the influence of this legislative recommendation, which will be trumpeted forth to the world as such, and, deluded by the boasting and specious but false pretensions of this system, hundreds of our virtuous and really well disposed citizens will be induced to leave those peaceful and innocent employments which they are now pursuing, and to which they are better fitted both by nature and education, to enter upon the practice of the healing art. And, sir, not only these, but numbers who care not what they do, whether evil or good, for gain ; men destitute of intelligence, good sense, or moral worth, who can raise twenty dollars for a Thomsonian book, which is really all that is necessary to qualify them, will take advantage of that credulity and misplaced confidence on the part of a large portion of our citizens, which our legislative proceedings will have produced, and which will preëminently fit them for that awful experiment which will certainly be made. Pass this law, or any such law, and you may pass such a one for every county in the State ; for what reason or justice would there be in denying these inestimable advantages to some which have been extended to others ? Now, sir, what is this system for which we are called upon to say so much, to recommend so strongly ? Is it worthy of such commendation ? How many of us know anything about it, either practically or theoretically ? * * * *

Sir, I shall not attempt to expose all the errors, inconsistencies and preposterous absurdities of this pretended system, for several reasons. One is they are entirely too numerous, and the time of this house is too precious to be thus wasted ; another is, as a system, whatever claims some of the remedies used may possess, it is too contemptible to require a general, or to be honored with a grave and serious refutation. But for the information of this house I will notice some of its principles and practice, and expose some of its errors and absurdities.

It professes to be founded on these assumed facts. First, that the human body is composed of four elements, earth, water, fire and air ; that earth and water form the solids, and fire and air give life and motion. Second, that heat is life and cold is death. Third, that all constitutions are the same and all diseases are the same. Fourth, that cold produces all diseases. Fifth, that obstruction produces all diseases. Sixth, that all diseases are to be cured by the same remedy. Seventh, that fever is a friend of the human system and not an enemy. I am well aware, sir, how difficult it is to present these errors, inconsistencies, and absurdities in their true light, even before this intelligent assembly. I know that

there are but few of us who have directed our minds to the investigation of the subject under consideration, who are acquainted with all those established facts, and possess that information, which would at once render these errors, inconsistencies and absurdities apparent. I am well aware that the very name and pretension to simplicity, possesses a talismanic charm, which philosophy and logic do not possess over the minds and opinions of those who cannot understand. To attempt to show the absurdities of this system by logical reasoning, would be in many cases to offer an insult to human understanding and intelligence. As to the first fact or assumption, every intelligent or scientific individual knows that instead of the human body being composed of four elements, the analyzing hand of science has proved to the world that it is composed of almost four times four elements ; that some of those which were once believed elementary principles are compounds, and that others are only the phenomena of matter, or the mere result of life and organization. As to the discovery that heat is life and cold death, the proposition of itself is absurd. If it be meant that heat is the primary cause of life, and if this be so, it is only necessary, to preserve health and protract human existence to an indefinite length, to confine man in a warm and well regulated temperature and give him number six or red pepper. That cold produces all diseases, is another fundamental principle of this system. Cold, undoubtedly, is a very fruitful source of disease, but it is not the universal cause. Heat also produces disease of the most threatening character ; and I have no doubt, sir, that I can kill a patient with heat or steam as soon as a Thomsonian could destroy him with cold or freeze him to death. It is also stated that obstructions occasion disease. This is not unfrequently the case. But I should rather think disease is more frequently the cause of obstructions. Every organ in the human body has a function or duty to perform, and as every organ is subject to disease, when an organ is in a state of disease no rational being can suppose that its ordinary function will not be suspended or imperfectly performed. Sir, the exciting and predisposing causes of disease are too numerous to be here detailed. Every physical agent which operates upon us, as well as numerous others, as the causes of smallpox and cholera, the intimate nature of which are inscrutable, and which we only know by their melancholy effects, produce disease. And, sir, the cause of disease may exist in the human system itself from constitutional defects, and thus the germs of disease are often planted before the first breath of life is drawn. A blow on the head, or the long-continued influence of the rays of the sun, may and will produce an inflammation of the brain. Send for the Thomsonian, he tells you your disease is produced by cold, and, in the delirium occasioned by a violent inflammation, may give you a puke and steam you to expel the cold. Or suppose you have taken powdered glass, or any other agent which from its physical or chemical qualities has occasioned a violent inflammation of the inner coats of the stomach, and what is the remedy ? Why, you are stuffed with cayenne pepper, steamed, and puked to dislodge imaginary canker and cold. This system tells us that all constitutions are the same, and that all diseases are to be cured by the same remedy, and that fever is a friend of the human system, and not an enemy, and, of course, should be

promoted or encouraged, instead of resisted or opposed. That all constitutions are the same, is what no intelligent being can for one moment believe. Sir, human constitutions are as various as human forms and dispositions, and liable to as great a variety of diseases, and require a treatment equally as various. This doctrine of fevers, like many other things in this system, is not new. It prevailed in the very infancy of the medical science, and gave rise to a practice similar to this, and which in many diseases produced the most fatal consequences. The influence of this erroneous theory and similar practices were peculiarly evident in the smallpox ; under a highly stimulating treatment scarcely one half of those who were attacked were saved. But what is the result of the present systematic plan of cure ? Sir, it has been met by science and philosophy, and not one case in ten on an average is now lost. Thus we see, sir, that the very foundation is false, contrary to established facts, and preposterously absurd. What are we to expect of the superstructure ?

Now, sir, let us notice the materia medica of this system, or the remediate agents used under those monstrous views of human organization and disease which we have exposed. The principal are, lobelia or Indian tobacco, which is an emetic, and, sir, I have no doubt, a very valuable remedy properly used, and which is or may be in the hands of every physician ; steaming, which, it is well known, is not new, it having been used in domestic practice from the earliest periods, is common to barbarian nations, was found in use among the aborigines of our own country, and, of course, does not exclusively belong to the Thomsonian system ; the bark of the root of bay or myrtle bush, the henlock bark, white pond lily, peach kernels, raspberry leaf, tea, and a few other common, domestic, old woman remedies, the most of which are and have been in use where Thomson's book was never seen ; with cayenne pepper, which, by the by, sir, is the most important remedy of the whole, and enters largely into most of those famous numbers—one, two, three, four, five and six, as well as into almost every prescription.

Then, sir, the principles which we have noticed, the monstrous notions of disease, and these remediate agents, with slander, foul abuse, and misrepresentations of regularly educated physicians and their system, illogical and nonsensical reasoning and preposterous absurdities, mingled with sentiments of atheism and blasphemy, an attack upon the sacred priesthood and religion, and a foul reflection on the female character, which alone would entitle the author to the universal contempt of mankind, constitute this much famed system.

Now, sir, let us see what is the nature of, and what constitutes the regular scientific system of medicine. Sir, it is but the recorded experience of all those who, in every age, have devoted their time and talents to the study and observation of diseases and their cure. It embraces an intimate acquaintance with, or knowledge of, the anatomy of the human system—all the organs which compose it, their connections and relations to each other, their various functions, the laws which govern or regulate their action in health and disease, and the symptoms which denote the diseased condition of each of those organs, so far as has been ascertained ; the history of every disease which is known, their particular symptoms, their origin or cause, their treatment ; the success of the plans or means

which have been used for their cure, with the views of those who gave their history, and the history of all the remediate agents which have ever been known,—no matter where produced or found, whether in the fertile regions of Asia, the highly cultivated soil of civilized Europe, or in the wilderness of our own America—no matter where applied, whether in the gaudy chambers of royalty, or the humble cottage of the peasant—no matter by whom discovered and used, whether by the ignorant, daring, and desperate quack, or by the intelligent, cautious, and conscientious physician. This, sir, constitutes the scientific system of medicine. It is based and founded on established facts, philosophy, and experience. It has been cultivated, and is still cultivated, by such men as Hippocrates, Galen, Hervey, Sydenham, Cullen, Hunter, Bell, Broussais, Laennec, Baudelocque, and our own immortal Rush and Physick, men who have been and are still to be found, in every department of life, whether civil, political, or religious, devoted to the best interests of mankind, studious to better the condition and to promote the happiness of their fellow men, at once among the most useful members and brightest ornaments of society. Sir, it is as wide as the whole range of human knowledge and human experience. It embraces all that is known, or ever has been known, of diseases. It includes in its expanded arms every remedy, whether of the animal, mineral, or vegetable kingdom, that a beneficent Providence has been pleased to bestow on the world, and which experience has proved capable of relieving disease, or mitigating the sufferings of mankind. This, I contend, is the only rational system of medicine.

Now, then, compare this system, founded on established facts, philosophic research, and the experience of five thousand years—each successive generation improving on the attainments of the past, cultivated by men of the brightest genius, most brilliant talents and of moral worth, and conscious of the high responsibilities under which they acted—with the erroneously predicated, absurdly sustained, imperfect system of Thomson; originating with, and perfected by, one obscure individual, who knew nothing of the organization of the human body, who never saw one half of the diseases which afflict our race, or one tenth of the remediate agents which have been found successful in the relief and cure of disease—and decide between them. * * * *

Sir, it has been attempted to repel the imputation of quackery and empiricism contained in the report. I think I have proved to the satisfaction of every individual in this house, and if I have not, I here assert, on the responsibility of a member of this house, and on my own responsibility as a member of society, without the fear of successful contradiction, that this system is a boastful pretension to what it does not possess, that it affects to teach what its author never understood, and is calculated, under the specious pretension of simplicity and unerring certainty, to impose on a large portion of mankind. And if this does not stamp it with the character of quackery, the common acceptance of the word is incorrect. And, sir, if the entire independence and ignorance of, and contempt for, all past experience, in an author, and the establishment of a system upon his own limited experience, and by mad experiments, entitle it to the character of empirical, this pretended system richly merits

it, and I humbly conceive no one can successfully dispute its claims. It is said that very intelligent and correct men approve of this system, subscribe to it and practise it ; and that the terms quacks and empirics are applied harshly to them. Sir, there is no one less disposed than I am to cast reflections and imputations upon, or wound the feelings of individuals ; but if they will connect themselves with, and stand forth to support this system, they are liable to the same imputations to which the system itself is obnoxious. It is also said that learned physicians sanction and approve the Thomsonian system, and have decided in its favor. Sir, that any intelligent physician or scientific man that is perfectly sane—however willing he may be to acknowledge that some of the remedies used, and some of the means employed, are valuable, and may in many cases be successfully applied, which I do not deny—can recognize this as a new and distinct system of medicine, perfect in itself, and capable, as it professes to be, of answering all the various indications of disease, and sanction its principles, its falsehoods, abuses and absurdities, I hold to be utterly impossible.

Sir, tell me of the man who is acquainted with the advantages of civilized life, who has felt the genial influence of the light of science, and tasted the pleasures of truly refined society, preferring the destitute, barbarous, and benighted condition of the Hottentot, or of a native of some of the South Sea islands ; tell me of the skilful and experienced mariner, who has often seen the ocean wrought into mountain waves by the tyrant storm, and who knows that dangerous shoals and rocks lay hid beneath its surge, throwing away his compass, his quadrant, and his chart, and committing himself to the mercy of the waves and the winds, without a landmark or a beacon to guide his course towards the destined port, over the trackless sea,—but tell me not of any learned physician recommending this monstrous system to the world.

Mr. Speaker, this system professes to be perfectly simple and intelligible to all, to be reduced to the comprehension of the most humble intellect—and all, sir, I would ask, is, for it to be placed in the hands of the public. I feel no doubt that there is sufficient intelligence in this house, if it can be brought to bear on the subject, to compare this system with reason, established facts and experience, and to reject it, as false in its promises, setting up claims and pretensions which cannot be sustained, and, from obvious imperfections, slander, abuse, and indecencies, utterly disgusting.

Sir, in order to give this house some notion of the nature of this system, and the mind and principles of the author, I beg the indulgence of this house to read some extracts from this celebrated work. Sir, I am going to read some of the commencement of his treatise on obstetrics, one of the most important branches of medical science, on a proper knowledge of which not unfrequently the lives of mother and child depend. Thomson says :—“ This is a very difficult subject to write upon, as I know of no words that would be proper to make use of to convey the necessary information to enable a person to practise with safety.”

And this acknowledgment is true—his system proves in this, as in all other branches, that the author was destitute, utterly destitute of know-

ledge, as well as words, to teach what he professes to understand. A little further on in this treatise, he says :—

“All the valuable instruction I ever received was from a woman in the town where I lived, who had practised as a midwife for twenty years ; she gave me more useful instruction in an interview of about twenty minutes, than all I ever gained from any other source.”

Now, sir, I ask, what are we to think of a system founded alone on rash and reckless experiment, by a man who acknowledges himself indebted to such a source for all the valuable information he possesses on a subject in which is involved human life and happiness. * * *

Now, Mr. Speaker, in conclusion, I ask the members of this house, this grave and intelligent assembly, whether they are prepared by any act of legislative sanction, to recommend to their fellow citizens and the world, this pretended system of medicine, with all its boasting pretensions, its imperfections and preposterous absurdities, and all its abuse and vile slander, intended to prejudice the mind of the people against the regularly educated physicians, and which I do contend is as much a part of this system, as steaming and red pepper.

Sir, are we prepared to pronounce the experience of all those who have devoted their lives and talents to the study and practice of medicine, for the last five thousand years, under a deep sense of the responsibility under which they acted, entirely worthless ? Are we prepared to usher a host of ignorant, boasting pretenders upon community, without the guarantee that they know even a part of that imperfect system which they pretend to practise, utterly ignorant of the human system and the diseases which affect it, and destitute of every qualification but the proof of having paid twenty dollars for a Thomsonian book ?

Sir, let us pass this bill or any similar one, and we do all this. I am now willing to submit this subject to the intelligence, justice and humanity of this grave assembly, and take my seat.

A CASE OF CROUP.

BY F. A. WILLARD, M. D.

[Communicated for the Boston Medical and Surgical Journal.]

IN communicating to my professional brethren, through the medium of your excellent Journal, the following case of croup, my only object is, to endeavor to draw their attention to a disease, which, after having advanced to a certain stage, is perhaps as little under the control of medicine as tubercular phthisis, and seems to be nearly as great a scourge to children in northern climates as the other is to adolescents.

I was called, March 15th, to visit T—— C——, a boy three years old, who had been remarkably healthy up to the time of his present indisposition. I found him laboring under the following symptoms ;—pulse one hundred and thirty, hard, full, quick, and rebounding ; breathing laborious, suffocative, and performed with a kind of hissing noise ; voice shrill, as if the sound passed through a brazen tube ; cough short, dry, and hard ; tongue red, swollen and indented ; skin hot and dry, except

the head and face, which were covered with perspiration from the violence of the struggle ; lips and cheeks alternately pale and red ; laying upon his back ; neck considerably engorged ; head thrown back so as to keep the trachea upon the stretch ; eyes protuberant ; countenance exhibiting great distress ; at times delirious. The above symptoms would seem to announce to the most superficial observer an aggravated case of the croup.

Having only a week previously, lost a patient laboring under similar symptoms and a similar disease, and having gone through the routine of remedies usually applied on such occasions, without any other result than that of relieving for the moment the most urgent symptoms, and perhaps delaying for a short time the fatal termination, I resolved, on being called to this patient, to deviate somewhat from the beaten track, and to follow up a more energetic and persevering course of treatment ; and although the little sufferer finally sunk under the disease, yet it will appear that this result was delayed nine days ; and may we not hope, that, by careful and reiterated observation, we may be able to discover some remedy for a disease which has been, and still is, as much an *opprobrium medicinæ* as any other to which human nature is heir to ?

Sunday, March 15th, at five o'clock, P. M. I was called to visit the patient, and found him laboring under the symptoms as stated above. I directed six leeches to be applied to the lower part of the trachea ; five grains of submuriate of mercury to be given once in three hours ; two drops of Scheel's prussic, or hydro-cyanic acid, to be taken once in four hours ; mild mercurial ointment to be rubbed over the groins ; a warm bath once in six hours ; to be kept constantly nauseated, and occasionally vomited by a solution of tartarized antimony.

March 16th.—Passed an exceedingly restless night, but somewhat relieved this morning ; cough humid ; expectorates a small quantity of coagulable lymph, combined with fibrin or mucus ; countenance exhibits great distress ; pulse continues hard and quick ; four more leeches to be applied to the trachea ; hydro-cyanic acid to be continued ; skin hot and dry ; bath as yesterday.

17th.—The antimony and mercury have operated powerfully upon the bowels, the dejections being of a dark green color ; the inflammatory action much diminished ; expectorates more freely ; a blister to be applied over the upper part of the thorax and the lower part of the trachea.

18th.—Passed a more comfortable night ; expectoration increased, and small films, resembling portions of the membrane, coughed up ; cough less, and more full ; the following draught to be given every five hours :

R. Potassæ Nitratis grana quinque.
 Aquæ Menthe pulegii drachmas quator.
 Vini Antimonii Tartariz. guttas quinque.
 Tincturæ Digitalis guttas quinque.
 Mucilaginis Acaciæ.
 Syripi Sing. drachmam.

Solution of tartarized antimony to be discontinued ; sinapisms to the feet.

19th.—Much improved ; mercurial fetor observable ; submuriate of mercury and mercurial ointment to be discontinued ; expectoration more

mucous, or rather purulent, combined with scarcely any fibrin or coagulable lymph; pulse ninety-eight, full and soft; desires food.

20th.—Sitting up in bed; slept during half of the night; expectoration copious; skin moist; the engorgement and fulness of the neck have entirely disappeared; respiration free from that peculiar hissing which I believe is always observable in the acute inflammatory stage of this disease; mouth sore from the influence of the mercury; desires food, is allowed thin arrow root, and gruel; much debilitated.

21st.—Slept well; coughs occasionally, and expectorates freely large quantities of thick mucus; is clamorous for more food; warm bath discontinued; skin moist and cool; pulse eighty-nine; the draught discontinued, as was also the hydro-cyanic acid yesterday; much annoyed by the blister. The little patient now appears to be convalescent, and there seems to be nothing remaining of the disease but debility.

22d.—The patient much emaciated, considering the time he has been ill; appetite large; tongue slightly coated in the centre; pulse eighty, soft, and small; a small quantity of æther to be given once in four hours, and the arrow root continued.

23d.—This forenoon, at eleven o'clock, I was sent for in haste, to see the patient, and found him *in articulo mortis*; upon his back; face and lips pale and livid; insensible to surrounding objects; cough short, quick, and suffocative, and these symptoms continued to increase in severity until one o'clock, when he died.

On interrogating the mother, I learned that the patient slept well during the night; that at six o'clock she arose and washed the child's neck and face with cold water; that at about seven, the child was seized with horripilations, soon became "stuffed up," skin became hot, the respiration impeded, and all these symptoms augmented in severity until his death.

I have thus, Mr. Editor, stated, in as condensed a form as I was able, the symptoms and treatment of the disease, and which were noted down in my case book at the bedside of the patient.

Although I am very well aware that it is not customary to record in our journals unfavorable cases, yet it appears to me that where there is in them anything that is novel, they should be unhesitatingly and ingenuously made known.

Charlestown, April 27, 1835.

CHRONIC APHTHÆ.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On page 420, Vol. XI. of your practical Journal, is a notice of the effects of *Secale Cornutum*, by Dr. Jonathan Swett. He ascribes a disease called Chronic Aphthæ to its administration. I have seen a similar affection to the one described, in cases where no ergot had ever been exhibited. I would therefore respectfully inquire of Dr. S. if he can throw more light on so important a subject. I should be pleased to see a full account from him of the disease in question, and also the proper treatment. I should be pleased, also, to see from any of your corres-

pondents a full account, in a practical form, of chronic aphthæ, aphthous diarrhœa, its pathology, diagnosis, prognosis and treatment.

I should likewise be pleased to see dissertations on inveterate dyspepsia.

Respectfully yours.

W. A. GILLESPIE.

Louisa Co., Va., April 18th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 6, 1835.

EFFLUVIUM FROM DEAD ANIMAL MATTER.

A TRIAL has recently taken place before the Mayor and Magistrates of the city of Norwich, England, involving a question which has been much disputed both in Europe and this country, and which has received some attention in former volumes of this Journal—viz. whether *decomposed animal matter* is prejudicial to health. The trial was for a nuisance alleged to arise from the burning of bones on the premises of the defendant, who was a comb-maker and bone-merchant, and is principally interesting from the diversity of opinion which was elicited in regard to the subject referred to, both from members of the profession and other witnesses. Of the non-medical witnesses for the prosecution, who resided in the neighborhood, one deposed that he was obliged to have his doors shut to keep out the "horrid stench," and that his wife was ill during nearly the whole of the two years of her residence there; another, that he with his family removed from the neighborhood on account of "the nauseous sickness which they experienced from the bone-yard;" and seven others to the same effect. Of those for the defence, one said that "he liked the smell *very well*, and that it did not incommode him,—it was something like pea-soup in summer;" another, that the smell was no nuisance to him—it was not pleasant, but he did not mind it; the testimony of others was similar.

The medical evidence was quite as contradictory as the preceding. Mr. Hall, surgeon, considered the smell arising from putrid flesh and bones, and from the boiling of them, to be *very unwholesome*. It was likely to produce an affection in the bowels. He attended Mrs. Harmer, who was very feeble while she resided in the neighborhood, but had been better since she left the house. Such smells would be injurious to persons in her state. Decomposed animal matter was, in his opinion, more injurious than vegetable matter.

Mr. Johnson, surgeon, also considered the smell from putrid bones *very injurious*, especially in consumptive cases, and rendering persons more liable to attacks of contagious diseases.

Dr. Ash considered the effluvia of putrid bones *decidedly injurious to the public health*. He never heard a doubt on the matter from any one who had not a pecuniary interest in denying it.

Mr. Gowing, surgeon, believed such smells *injurious to health*; they predisposed to disease, by destroying the digestive functions.

Mr. Nichols, surgeon, for the defence, deposed that the defendant's trade was *not*, in his judgment, *at all prejudicial to health*. The effluvia would at first produce disorder of the digestive functions; but the contin-

ual exposure to it was rather conducive to health than otherwise. The decomposition of vegetable, was worse than that of animal matter, because the latter emits a greater quantity of ammonia, which is rather *beneficial to health than otherwise*. His opinion was in accordance with the *best* works on the subject, and the opinion of the *best* medical practitioners.

Mr. Stark, chemist, said that his opinion was that all persons breathing the effluvium from animal decomposition were *exempt from epidemical diseases*, and not so liable to infectious or contagious diseases as others. During the rage of the cholera here, as well as in London, and, he believed, everywhere else, not a single butcher, or other person constantly in animal effluvia, was attacked. Of 320 persons sent to the Leeds Fever Hospital in 1821, not one belonged to any of these trades.

The report of the speeches of the counsel does not show that they contained any references to medical opinions, and the jury, after some deliberation, returned a verdict of "not guilty of a public nuisance."

The subject of animal and vegetable effluvia is a deeply interesting and important one to all classes of the community, especially to the inhabitants of our large cities. The contradictory opinions above recorded will, we trust, have a tendency to draw the attention of physicians to a question so unsettled as this, and induce more thorough investigations.

It will be fresh in the recollection of our town readers, that the city of Boston was indicted in 1832, for an alleged nuisance, in allowing an accumulation of offals from yards near the public stables, and were compelled by a course of law to empty the city carts, in future, out of the precincts of the city. By contract, the offals were then delivered on the premises of a man in Roxbury, who fed a vast number of hogs. The selectmen of that town made an objection to receiving within their boundaries anything which had been declared by the physicians prejudicial to the public health of Boston, and hence that depôt was necessarily abandoned, and the whole is now carried to West Cambridge. In the mean time we have no recollection that any individual was positively made sick in consequence of its presence.

Medical men among us have usually regarded putrid animal remains with less fear than vegetable matter in a state of decomposition. Many cases might be cited to show that alarming diseases have been produced by both; and as many more, exhibiting, in the clearest manner, that no bad results were produced by exposure to either, even when the weather was most favorable for disengaging those noxious gases the most intolerable to the olfactory organs.

To sum up the whole, however, we are inclined to the opinion that neither vegetable nor animal matter should be permitted to accumulate in the neighborhood of a dense population, because all experience proves that under a combination of circumstances poorly understood even by chemists, the atmosphere is sometimes suddenly poisoned by their fetid exhalations, and the vital energies of the strongest man are prostrated by their secret, irresistible power.

Hospital for patients suffering from the Stone.—It is somewhat singular that a hospital should have been in existence two whole years, in London, for the reception of this particular class of sufferers, and yet we know nothing about its internal police or external management, till within a few weeks—when it is announced that the loss is, on an average, one case in four. M. Castello, formerly a co-partner with M. Civiale,

is at the head of the establishment. In the London hospitals, the annual number of operations for the stone amounts to forty-seven; and in all England and Wales to about sixty-seven. In a population of twelve millions, the average yearly cuttings for stone is one hundred and eleven—being in the ratio of one case, only, for *every one hundred and eight thousand persons*.

Medical Moonshine.—The Parisian disciples of Hahneman, universally known as homœopathists, on the 27th of January last applied to the Minister of Public Instruction, requesting authority to establish a dispensary, and afterwards a hospital, provided they could obtain the wherewithal to treat the sick upon true principles—as, for example, giving one drop of water from a hogshead in which the millionth part of a grain of ipecac had been steeping. The minister consulted the Academy, who chose a committee to answer the question—Shall it be approbated? We shall give the result as soon as it comes to hand. The founder of this absurdity of all absurdities, the ever-to-be-remembered Dr. Hahneman, at the advanced age of *eighty-four*, was married, on the first week of February last, to a young French woman.

Arsenic.—Dr. Strohmayer, in his *Medicinische Praktische*, relates, in exemplification of the extent to which the system may become accustomed to the operation of arsenic, that a peasant, who resided near a convent in the Tyrol, for a long time took ten grains of arsenic daily with his food. The inmates of the convent fully testify the truth of this statement.

A Caution to Practitioners.—Dr. Thomson, an English physician, very justly lays down the following rules, regarding professional intercourse with smallpox patients. In all cases of infectious diseases, the physician should examine the sick person, standing on the windward side of the bed, and wash his hands as soon as possible after the visit.

Good Health.—If ever there was a period of universal good health, in New England, this is the time. No epidemic is known to exist; the bills of mortality have been unusually small, and physicians, though nearly out of employment, cordially unite in the general expression of thankfulness to a kind Providence.

Cæsarean Operation.—The Norfolk Beacon states that the delicate and often fatal Cæsarean operation has recently been performed by Professor Gibson with perfect success, being the first time, the Beacon intimates, that the operation has ever proved successful in this country. Thirty days had elapsed at the date of the notice in the Beacon, and both mother and child were doing extremely well. A full report of the case will be prepared for the Medico-Chirurgical Review.

TO CORRESPONDENTS.—Medical Reflections, No. 4—Remedies for obstinate Hiccough, from two correspondents—and Remarks upon the Deaf and Dumb, are unavoidably deferred another week.

Whole number of deaths in Boston for the week ending May 2, 27. Males, 19—Females, 8.

Of hooping cough, 1—infantile, 3—lung fever, 4—scrofula, 1—fits, 1—influenza, 1—dropsy on the brain, 1—stoppage in the bowels, 1—unknown, 1—drowned, 1—debility, 1—intemperance, 1—bleeding at the lungs, 2—teething, 1—consumption, 2—scarlet fever, 1—inflammation in the liver, 1—inflammation in the head, 1—insane, 1—dropsy, 1.

Record of Meteorological Observations for April, 1835.

1835 April	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Wed. 1	36.50	54.00	45.25	29.60	29.70	29.650	Cirrus	N W		
Thur. 2	38.00	48.00	43.00	29.75	29.80	29.775	Cir. c. strat.	"		S E, a.
Frid. 3	38.00	45.00	41.50	29.80	29.90	29.850	"	N E		Stratus, a.
Satur. 4	37.00	40.00	38.50	29.60	29.85	29.725	"	N W	1.35	Rain, NE and stratus m.
Sun. 5	36.00	36.00	36.75	29.50	29.80	29.650	"	N E	.80	Rain. Th. 37° 50 at 9h a.
Mon. 6	40.00	53.00	46.50	29.38	29.50	29.440	"	S	.02	Rain & hail, a. p.m.
Tues. 7	38.00	51.00	44.50	29.32	29.38	29.350	Cumulus	N W	.08	SE and cir. c. strat. m.
Wed. 8	36.00	54.00	45.00	29.50	29.65	29.575	Cumuli	"		
Thur. 9	42.00	66.00	54.00	29.65	29.75	29.700	"	S W		
Frid. 10	41.00	52.00	46.50	29.90	30.10	30.000	Cirrus	N E		Stratus, m.
Satur. 11	38.50	48.50	43.50	30.15	30.25	30.200	"	S E		Stratus, m.
Sun. 12	35.00	51.00	43.00	30.08	30.23	30.155	"	"		
Mon. 13	40.00	50.00	45.00	29.70	29.93	29.815	Cir. c. strat.	"	.20	Rain, SW, a. ☉ a.
Tues. 14	37.00	43.00	40.00	29.60	29.75	29.650	Cumulus	N W		Afgale
Wed. 15	27.00	48.00	37.50	29.90	29.90	29.900	Cumuli	"		Gale continues
Thur. 16	37.00	33.00	35.00	29.45	29.80	29.625	Cir. c. strat.	N E	.50	Gale. Snow and rain
Frid. 17	30.00	36.00	34.00	29.50	29.85	29.675	Cumulus	N W		Th. 26 at 9h a. Gale con.
Satur. 18	22.00	37.00	29.50	30.05	30.10	30.075	Cumuli	"		Gale continues
Sun. 19	26.00	46.00	36.00	29.85	30.25	30.050	Cir. c. strat.	S W	.05	Rain, a. ☉ a.
Mon. 20	50.00	56.00	53.00	29.35	29.60	29.475	"	"	.10	Rain
Tues. 21	40.00	52.00	46.00	29.70	29.82	29.760	Cirrus	N W		
Wed. 22	41.00	52.00	46.50	29.75	29.80	29.775	Cir. c. strat.	S W	.08	Rain, a.
Thur. 23	38.00	52.50	45.25	29.75	29.90	29.825	Cumulus	N W	.02	Rain, m.
Frid. 24	37.50	50.00	43.75	29.90	30.05	29.975	"	"		
Satur. 25	33.00	35.00	34.00	30.00	30.12	30.060	Cir. c. strat.	S E	.75	Stratus, m. Snow & NE
Sun. 26	32.00	49.00	40.50	30.00	30.00	30.000	"	N E		
Mon. 27	33.00	52.00	42.50	30.02	30.12	30.070	Cirrus	E		SE, m. ☉ a.
Tues. 28	38.00	35.00	42.50	29.15	29.60	29.375	Cir. c. strat.	N E	.45	Rain, m. SW, rain and
Wed. 29	37.00	60.00	48.50	29.75	29.95	29.850	Cumulus	W		[NW, a.
Thur. 30	43.00	61.50	52.25	29.95	30.00	29.975	Cir. c. strat.	S W		Cumulus, a.
Aggrg.	36.58	48.50	41.225	29.72	29.87	29.8000	Cir. c. strat.	N W	4.40	

RESULT.—Mean temperature, 41.225; maximum, 9th, wind SW, 66.00; minimum, 18th, wind NW, 22.00; greatest daily variation, 9th, wind SW, 24.00; least daily variation, 5th, wind NE, 1.50; range of thermometer for the month, 44.00; increase of mean temperature from March, 9.863; prevailing atmosphere, cirro-cumulo-stratus (cloudy). Prevailing wind, NW. Mean atmospheric pressure, 29.8000; maximum, 11th and 19th, wind SE and SW, 30.25; minimum, 28th, wind NE, 29.15; greatest daily variation, 28th, wind NE, 0.45; least daily variation, 15th, wind NW, 0.00; range of barometer, 1.10; decrease of atmospheric pressure from March, 00.1535; rain, &c. 4.40 inches.

Comparative with April, 1834.—Mean temperature, 45.475; maximum, 79.00; minimum, 29.50; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.9945; maximum, 30.65; minimum, 29.20; rain, 3.27 inches; prevailing wind, NW.

Fort Independence, Boston, May 1, 1835.

B.

ADVERTISEMENTS.

PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

WILLIAM WILEY, of Baltimore, manufacturer of Cutlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired.

3t.

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1831.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MAY 13, 1835.

[NO. 14.]

THE LATE BARON DUPUYTREN.

THE commencement of Dupuytren's career was tinged with romance. Born of poor and humble parents, on the 5th of October 1777 or 1778, at Pierre Buffiere, in the department of the Haute Vienne, the early years of his life were passed in obscurity ; but fortune destined him for another theatre than that of a country town. As he was one day playing in the public square, with other children of his age, an officer of a cavalry regiment on passing by was struck with the intelligent appearance which he bore, and offered to his parents to carry him to Paris, and there charge himself with his education. The proposal was instantly accepted, and the youth arrived at Paris, in 1790, at twelve years of age. Here his talents and assiduity soon procured him protectors. As early as 1795, being scarcely eighteen years of age, he was appointed demonstrator to the faculty of medicine, which was then reorganized. In 1801 he was nominated to the place of Chef des Travaux Anatomiques, now filled by M. Breschet. In 1803, he received his degree, and at the same time was named assistant surgeon to the *Hôtel Dieu*. In 1812, at the end of a most brilliant concours, he was appointed to fill the chair of operative medicine, vacant by the death of the celebrated Sabatier ; whence, in 1815, he was transferred to the chair of clinical surgery, which he filled during nearly twenty years. Finally, in 1818, he obtained the senior surgeoncy of the *Hôtel Dieu*, and was elected a member of the Institute. The greater part of these appointments were, as M. Orfila remarked in pronouncing a funeral oration at his grave, obtained by brilliantly contested concours, in which Dupuytren had to battle with men of transcendent merit, who also have now reached the head of French medicine and surgery ; hence he was one of the warmest partisans of the concours, which he always defended and upheld, both in public and in private ; though, seemingly, strange to say, the chair which he has endowed with 200,000 francs is, according to *on dit*, to be given to M. Cruveilhier by his express desire. However, this almost excusable wish has a limit which will not include any aspirant for the post.

In November, 1833, the health of M. Dupuytren first gave symptoms of decay. On the 5th of that month he was seized with a slight fit of apoplexy, which soon passed off, but left behind it some difficulty of speaking, and caused a deviation of the mouth towards the right side. The warning could not be mistaken ; but Dupuytren, whose mind was always of a most determined nature, insisted on continuing his duties at the *Hôtel Dieu* ; and it was only by force that his friends and family carried him to Naples at the end of November. He returned to Paris

in May 1833, and immediately resumed his visits and lectures at the hospital, but there presented nothing save the wreck of former greatness, struggling against a fatal disease, and determined to hold out to the last. His tongue, once so eloquent and polished in its language, now faltered at every sentence ; while the remnant of distortion in the mouth gave the most painful expression to his once handsome but cynical countenance. The fatigue consequent upon his attendance at the last concours was, in all probability, the immediate cause of his death, by developing a pleurisy, which was at first overlooked, the brain being considered to be the only organ seriously affected. The existence of effusion, however, soon became too manifest to be denied ; and then were every means that art could use employed to ward the threatening result, but all without success. The fatal disease gradually gained ground, and after eleven days of painful suffering, which was borne with the most heroic indifference, terminated his existence on the 8th of February, at three o'clock in the morning, in the fifty-sixth year of his age.

Dupuytren preserved his intellectual faculties to the last ; and never ceased for a moment to give proof of the possession of that well-tempered courage and disregard for death which were to be expected in a man of his character and disposition, and one who had faced the destroyer under almost every possible variety of circumstance. He continued to give his consultations until within a few days of his death ; and the evening before the occurrence of the fatal event, he made his domestic read "the paper" as usual, in order "that he might carry the freshest news of disease out of this world" (*Afin de porter la haut des nouvelles de ce monde*). Hardly ever was the ruling passion stronger.

Dupuytren has left a large fortune to his only daughter ; about 280,000*l.* He has also left 200,000 francs for the purpose of instituting a chair of pathological anatomy ; and bequeathed his mortal remains to his two friends, MM. Broussais and Cruveilhier, who examined the body on Monday, the 9th, thirty-two hours after death. The *proces-verbal* is published at length by the French journals. The following are the most striking points which it contains :—

Cavity of the thorax.—The right side of the chest more developed than the left. On plunging in a trocar, about four pints of troubled serum were evacuated. The pleura at this side evidently inflamed, and the lower portion of the lung changed into a condensed fleshy mass, totally impervious to air. The left side of the chest contained about half a pint of clear serum, and the lung was healthy.

The heart was strong, and sensibly hypertrophied, but well formed ; the cavity of the left ventricle might contain a large hen's egg. The cavity of the right ventricle was still larger ; its parietes were three lines in thickness ; that of the right one six lines : the other parts of the heart were healthy. It is a curious circumstance that Dupuytren always believed that the heart was the seat of his disease. "Let them examine my heart well," he said, "and they will there find the seat of my complaint,—the injury produced by my sorrow and my torments."

Cavity of the skull.—Before opening the skull, its external measures were taken with great exactitude. The whole showed that the dimensions of Dupuytren's head were much larger than those of ordinary

heads. The posterior superior portions of the brain were particularly developed. The external appearance of the brain was healthy ; but before being examined, it was given to an artist to prepare a cast. After the mould had been formed, the brain was necessarily drier : it weighed, with the cerebellum and medulla oblongata, two pounds fourteen ounces. The ventricles contained no serum ; but near the commencement of the digital cavity was observed a kind of spot or yellow cicatrix, one inch long, and half an inch broad. This alteration was superficial, and, raised upon the point of the scalpel, showed the medullary substance healthy below. In the centre of the right optic thalamis was a small nucleus of extravasated blood, as large as a grain of hemp-seed. In the part of the corpus striatum outside the thalami, on the right side, was found an excavation, of a brown color and broken edges, that would contain a filbert ; and in the corpus striatum of the left side, an apoplectic cavity of the same magnitude : in both were recognized some cellular filaments, intercrossing one another.

The last respects were paid to the memory of Dupuytren on the 10th of February. The *cortège* was composed of all the professors of the faculty, in their robes of office, of deputations from the *Academy of Medicine* and the *Institute* ; of several peers, deputies, &c. ; and almost all the students of the school accompanied the body to the church of St. Eustache, and thence to Père la Chaise, where orations were delivered over the grave by MM. Orfila, Larrey, Bouillaud, Royer-Collard, and his interne at the *Hôtel Dieu*, M. Tessier. The funeral car was drawn by the students from the church to the tomb, which is not far from the beautiful monument of General Foy.

POST-MORTEM EXAMINATION OF CUVIER.

[In connection with the preceding notice of the post-mortem examination of Dupuytren, we give the following account, from the *Annals of Phrenology*, of the cerebral peculiarities of another distinguished individual, the late Baron Cuvier.]

This great naturalist was examined May 15, 1832, by Messieurs Orfila, Dumeril, Dupuytren, Allard, Biett, Valenciennes, Laurillard, Rousseau, Andral (neveu) and Bérard. The brain of Cuvier weighed three pounds, ten ounces, four drachms and a half, exceeding the ordinary weight of the human brain by nearly one third, which enormous difference lay almost entirely in the cerebrum ; the cerebellum, pons varolii and medulla oblongata not exceeding the ordinary size of these organs in other persons. No one present, said M. Bérard, to whom we are indebted for these phrenological details, recollected to have seen a brain so crimped, *convolutions so numerous* and crowded, anfractuosités (furrows) so deep, especially in the anterior and superior portion of the cerebral lobes.

It would be an error prejudicial to Phrenology to suppose that the extent of the intellectual faculties can be ascertained by the weight or absolute size of the brain. Experience and reason prove the contrary. The phrenologist must found his judgment upon a comparison of the

different regions with each other, and heads, large in the propensities and animal instincts, are remarkable for the smallness of the anterior lobes of the brain, where the intellect resides.

Nor can we admit that the brain of Cuvier contained a *greater number of convolutions* than ordinary brains. Nature has determined the organs appropriated to the animal economy, and every individual, monsters excepted, has the same number. Hercules had no more bones and muscles than a diminutive Laplander, but his organs were larger, stronger, and endowed with greater activity. Such was the case with Cuvier's brain. Unfortunately no plaster cast of it was taken, as the papers had announced. In order to find the unsearchable clue to his disease, the brain was sliced up, as has been the custom since the days of Vicq-d'Azir, and it was soon reduced to a shapeless mass, in which the eye could no longer recognize anything like human organization. This serious omission, made without the consent of the professor who conducted the examination, would be in some degree atoned for, if we possessed a model of the cranium. We had hoped until the last moment that we should have been able to exhibit this, but all communication with the only copy that exists has been absolutely denied to the phrenological society *by an inflexible will*. But all those who have seen it, all those who were acquainted with Cuvier when alive, know the enormous development of the frontal region compared with the three others. We rarely meet, even among men of genius, with such large organs of Language, Eventuality, Locality, Order, Color, Form, and Constructiveness; and we accordingly find Cuvier reading at an age when other children hardly know how to speak. Drawing was one of his favorite occupations. His memory in every department was prodigious, and his knowledge and acquaintance with foreign languages profound.

These faculties, common, though in an inferior degree, to all who are skilled in natural history, would have given to the forehead of Cuvier an inclination backward, but the prodigious development of the organs of Comparison, Causality and Ideality, raised and enlarged the anterior and superior region of the forehead, the seat of intelligence. Hence those profound investigations, those precise and vigorous descriptions, those learned classifications, those philosophical, lucid and prolific principles, that inimitable spirit of generalization, which distinguishes his works, especially his *Lessons of Comparative Anatomy*, and his *Researches on Fossil Bones*. * * * *

However incomplete may be the notions we have thus given of the cerebral organization of Cuvier, it is none the less evident to us, that this fine organization was one of the most striking proofs of a doctrine against which he had the weakness to pronounce an opinion twenty-five years ago, in his famous Report to the Institute, and (must we say it?) that he might not displease Napoleon, who thought he saw in the discoveries of Gall an "arsenal of gross materialism!" Nevertheless, these two celebrated men were made to understand and esteem each other, and, towards the end of their career, they did each other justice. Gall had already one foot in the grave when Cuvier sent him a cranium "which," he said, "appeared to him to confirm his doctrine of the physiology of the brain." But the dying Gall replied to him who brought it, "Carry

it back, and tell Cuvier that my collection only wants one head more, my own, which will soon be placed there as a complete proof of my doctrine."

It must be interesting to phrenologists to know that a notice of the phrenological development of Cuvier, in the hand writing of Dr. Spurzheim, was found amongst his papers. How the notice was obtained by Dr. S. is not known, but the memorandum is given entire.

CASE OF DOUBLE UTERUS.

MALFORMATIONS of the uterus, consisting in a division of the organ into two cavities by a perpendicular septum, are rarely met with in the dead body, and are still more rarely recognized during life. The unfortunate termination of the case we are about to notice, recorded by M. J. A. Le Roy, gives an addition to the interest depending on it in an anatomical point of view.

Erminia Trousin, 19 years of age, menstruated for the first time two years ago, and in a few months afterwards married. About six months back she commenced to feel severe pain in the region of the uterus and vagina, which was aggravated at each menstrual period. The pain was relieved by the horizontal position, but continued to increase every day. On the 1st of May last she consulted M. Le Roy. The menses had appeared for three days, and with them intense pain in the uterus. On examination he found, about an inch above the orifice of the vagina, a hard tumor filling the whole of the true pelvis; the neck of the uterus could not be touched. Externally a hard tumor was felt, extending as high as the umbilicus, perfectly resembling an uterus of the 6th month of pregnancy. The tumor evidently contained a fluid, but the introduction of a sound into the bladder showed that it did not consist of that organ. The nature of the tumor was very doubtful. However, as the patient desired to be relieved, after a consultation with three surgeons of the hospital at Versailles, M. Le Roy opened the most depending part of the swelling, by plunging a trocar into it. Some dark-colored fluid came away. The opening was enlarged by a bistoury, and a great quantity of the same fluid was discharged. The supposed body of the uterus and its vaginal orifice were now distinguished in the upper part of the vagina. For the first four days after the operation the patient's state was most favorable, but on the 19th symptoms of peritonitis set in; the abdominal inflammation made rapid progress in spite of the most active measures, and the woman died on the 22d.

On examination of the body after death, the peritoneum was found actively inflamed, especially in the neighborhood of the tumor. There was no trace of neck to the uterus; but the natural opening lay quite upon the mucous membrane of the vagina. To the left and lower down was the artificial orifice. The body of the uterus presented an inch and a half in breadth, and was terminated on either side by two horns, each a couple of inches long. The cavity of the uterus was opened from the external mouth to the extremity of the left horn, and it was now seen that the uterus was divided into two portions by a perpendicular septum, ex-

tending from its fundus to the inner edge of the utero-vaginal orifice, so that the right cavity had no communication either with the left one or with the canal of the vagina. This was more plainly seen when the right cavity was opened. The fibres of this part of the uterus appeared considerably enlarged; and at the lower part it formed the enormous pouch which filled the pelvis, and extended into the abdomen.

Jour. des Con. Med. Chir.

MEDICAL REFLECTIONS.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

ON THE INEXPEDIENCY AND INVALIDITY OF GRANTING PATENTS FOR MEDICINES, CONSIDERED IN A MEDICO-LEGAL VIEW.

PATENT medicines have ever been a curse to our country and a stigma on science. They have been one of the most fruitful sources of quackery, which in itself is a public calamity. It is indeed one of the greatest evils under which our happy country groans; and few, very few, of the unprofessional part of the community, have any idea of the extent of its baleful and fatal consequences. It is thought that war and famine, and “the pestilence that walketh at noonday,” have been far outstripped in the number and extent of victims. Even ardent spirits, the destructiveness of which is now on the wane (thanks to the Temperance Society), must yield to this horrible monster. The effects of spirit drinking are apparent to all, and consequently there is much hope of its being early and permanently arrested. But the genius of quackery stalks abroad in the land, unseen, it is true, in its proper form, and like the midnight assassin, strikes the fatal blow before he is perceived, or, Judas like, betrays with a kiss, or with kind, consolatory promises of health and long life, whilst the fatal poison is assiduously tendered. The credulous are ever at the mercy of these secret executioners, who by the effects of their secret and deadly nostrums, only precipitate the sick man to an untimely grave.

“They shall have mysteries—aye, precious stuff
For knaves to thrive by—mysteries enough;
Dark tangled doctrines, dark as fraud can weave,
Which simple votaries shall on trust receive,
While craftier feign belief till they believe.”

The love of money, that “root of all evil,” prompts these cold-blooded murderers on to their work, and however destructive to human health and life their deleterious drugs may be, it matters not with them; they are entirely irresponsible for consequences. They have no professional character to support, and as soon as their palpable deeds of death are apparent to all, like birds of passage they retire to some distant part of the country to begin their work anew with redoubled fury. On their track, however, follows quackery in other forms; and as soon as one species is exhausted for want of victims, or of the public confidence, another takes its place, *ut unda impellitur undâ*, and thus large masses of the population are swept away as by the besom of destruction. It is unnecessary to state that most of these illiterate, dangerous, and *interested* empirics, work on patent methods. The great seal of State is necessary to acquire

the confidence of the crowd, and when certificates from persons unqualified to form a correct opinion and from *others interested*, can no longer gain the credence of the people, then the honorable signature of the President of the U. States is exhibited in bold relief. The effect, in many instances, is such that what would be considered by the populace as quackish trash, is then thought to be of a superior order and efficacy.

If legislative protection cannot be extended to the cause of humanity and science, it ought certainly not to extend its strong arm against it. It is said by the wisest of men, that "in the multitude of the people is the honor of the king; and for want of people cometh destruction of the prince." Prov. xiv. 28. As a matter of public policy, all means which tend to cause a decrease of the population, ought to be restrained. Let us now examine for a moment the intent of the patent law. On page 200, 2nd vol. Laws U. S. we find "An act to promote the progress of the useful arts." Sec. 1. Be it enacted by the Senate and House of Representatives of the United States, in Congress assembled, "That when any person or persons, being a citizen or citizens of the U. States, shall allege that he or they have invented any new and useful art, machine, manufacture or composition of matter, or any new and useful improvement on any art, machine or composition of matter, not known or used before the application, and shall present a petition to the Secretary of State, signifying a desire of obtaining an exclusive property in the same, and praying that a patent may be granted therefor, it shall and may be lawful for the said Secretary of State to cause letters patent to be made out in the name of the United States, bearing test by the President of the United States, &c." In Sec. 2nd, of same act, we have these words: "And it is hereby enacted and declared that simply changing the form or the proportions of any machine or composition of matter, in any degree, shall not be deemed a discovery." In Sec. 3rd, it is enacted that every inventor, before he can receive a patent, shall swear or affirm that he does verily believe that he is the sole inventor or discoverer of the art, machine or improvement for which he solicits a patent, &c." Quere—Is it the oath, that "it is a discovery," which entitles the petitioner to a patent? Quere—Would it not be well to refer every doubtful application to a committee composed of the most eminent professors of the art to which the petition refers? The only phrase in the law which by the most forced construction can refer to physic, is "composition of matter." Now it is self-evident that "composition of matter" refers to the arts strictly so called, and cannot be applied to the practice of medicine. A man might get a copyright (a kind of patent) for a chart of the Atlantic ocean, but not for steering a ship across it. A man might get a patent right for the separation of sulphate of quinine from bark as a chemical process, but not for its exclusive application to disease. A single medicine or compound in judicious and skillful hands might be made into a hundred different forms, and adapted to as many states of disease, but not *necessarily* a cure alone for any. It is a necessary prerequisite in all diseases that a due knowledge of the existing state of the patient, and a just diagnosis of his malady, should be exercised by the administrators of medicines intended to relieve him. But can this be done by a patent medicine?

For the ignorant to exhibit a patent medicine to a man who is already struggling under the iron grasp of malignant disease, is like a kind, officious man, who when his friend is engaged in serious battle with his foe, in a dark room, rushes in with a large club and strikes furiously ;—he may strike his enemy, but the blow may fall on his friend. The havoc made by quackery is without intermission—unlike pestilence or the sword, which act only occasionally. The robber who assassinates on the high way leaves the traveller the resource of defending himself, and of being aided by other travellers ; but the poisoner who forces himself, by his unblushing assertions, false as they are, into the confidence of the sick man, is infinitely more dangerous and as just an object of punishment. But a patent right is necessary both in curing the sick and in getting the sick willing to be cured. The hopes of a sick man are willing to be staid on any promise, however absurd or ridiculous it may be ; for the mind, like the body, is weak and ever ready to believe whatever is anxiously wished for. “*Num homines faciliè credunt id quod volunt.*”

The belief in charms and incantations and the healing and secret efficacy of quack medicines, is not confined to the vulgar, but with resistless step it marches into the courts of the great. Quackery, like its follower death, strikes at the door of the peasant and the prince. “*Pallida mors æquo pede pulsat tabernas pauperum, regum turres!*” The present writer once knew an ex-President of these United States, who had carried a piece of orris root in his pocket for several months, to prevent an attack of rheumatism to which he was subject. He said a friend had advised it, and he felt confident, from the trial, that there was efficacy in it, having escaped his dreaded complaint many months. This was, *post hoc, ergo propter hoc*. I could relate many cases, a large number of which terminated in the most deplorable and fatal consequences from the exhibition of patent medicines, but my space admonishes me to forbear.

The patent law is a useful law when confined to the arts ; but how can it be applied to the sciences ? The credulous are ever ready to think that if patent articles of manufacture are better than those made previously to the new discovery, it follows necessarily that patent medicines are better than other medicines. Many a poor ignorant wight has swallowed them to his sorrow, and when convinced by sad experience that he ought to retrace his steps, he finds it too late, his irrevocable doom is come, and he must go the way of all the earth. If the phrase “composition of matter” can refer to compound medicines, then by a multiplication of patents the exhibition of medicines in that form can be taken entirely out of the hands of the regular and scientific practitioner. But it appears that the law itself is *against* this construction. “And it is hereby enacted and declared, that simply changing the form or the proportions of any machine or composition of matter, in any degree, shall not be deemed a discovery,” page 201. It is an admitted principle that no patent ought to issue which in its probable results will retard or cripple “the progress of the useful arts.” The title of the law is “An act to promote the progress of the useful arts.” Sec. 3rd, “requires the inventor to deliver a written description of his invention, to enable any person skilled in the art, of which it is a branch or with which it is most nearly connected, to make compound and use the same.” Does not the

foregoing necessarily imply that the law is intended to benefit and improve those persons skilled in such art or science? and their approval and use of the invention can be the only rational means of its coming into general and beneficial use. Can this apply to patent medicines, many of which are advertised as "cures for all diseases"? So far from patent medicines ever "promoting the progress" of scientific medicine, all experience testifies, that all regular, intelligent and well-educated physicians, reject with disdain such puerile, nonsensical trash. Has there ever been a single instance where granting a patent for medicine, has benefited any one person besides the patentee? I have no hesitation in deciding this question in the negative, and in calling for proof to the contrary, if there be any. The cost of the patent right is never a bar to the adoption of such medicines by the profession if they had any real merit. I have been offered a patent right *gratis* to practise quackery, and fees likewise. I rejected the offer, and told the offerer that his blood might be on his own head, and practise it himself on his own risk, and at his own peril. As connected with the apothecary business, I have always refused to trade in patent articles.

All experience has proved that patent medicines are in violation of the spirit and intent of the patent law, and I take the responsibility to say in violation of the letter of the law. The practical good or bad effects of any patent, are necessarily submitted to the ultimate decision of the followers of each particular art; then is it reasonable that patents should issue for medicines, when the profession of physic have hitherto unanimously rejected all the *pretended* discoveries of interested empiricism? The patent medicine discoveries have hitherto been like the remark which Blumenbach applied to Phrenology: "All that is new is not true, and all that is true is not new." It would be a work of supererogation to attempt to prove that patent medicines are destructive of human life to a great and alarming degree. There is scarcely a member of the profession who has not witnessed numerous instances of the fatal effects of such poisons, in the hands of the vile propagators of them, or of the ignorant dupes who have purchased them. It is highly discreditable to our nation, and to this enlightened age, that the government should lend its aid, its character and support, to foster, to cherish and sustain quackery in its chameleon forms, ever varying but still the same, under the form of *nostrum*, *catholicon*, *panacea*, &c. &c. The practice of the government with respect to patent medicines, ought not to be altered or amended, but to be entirely abolished and revoked. Humanity, the honor and the national pride of our country, every interest which is dear to us as a people, all require it. We ask it at the hands of the representatives of the people; and, if duly considered, we have no hesitation in expressing our humble conviction that this request must be irresistible.

April 18th, 1835.

GAMMA.

REMEDIES FOR OBSTINATE HICCOUGH.


To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed an inquiry from one of your correspondents in your Journal of April 22d, 1835, respecting a remedy for Hiccough, which

withstood all the usual remedies. As there is no febrile affection mentioned in the case, I presume none existed, and that it was one of idiopathic hiccough. Such a case fell under the writer's notice many years past, whilst he was a student. The subject was a healthy farmer, who was seized at his plough. His hiccoughs withstood, for *six weeks*, the remedies of the most eminent physicians, and the writer, when he visited him, counted no less than *twenty* vials of different preparations which had been prescribed without relief. But the man was cured by the prescription of a sea captain who happened to be in his vicinity. The remedy was *honey*; and the quantity prescribed, a *pound a day*. Whether the patient actually took so much, is not known. He however took enough to perform a complete cure.

A case occurred to the present writer this season, in a man aged 71, whose hiccoughs occurred in fever, but continued after the fever left him. Honey was prescribed, but the patient attributes his cure to *ether vitriol*, which was subsequently left for him, and to a diet of oysters. The latter, in a certain locality, have obtained some celebrity as remedial in hiccough. The writer, however, has been in the habit of prescribing *honey* for hiccoughs for many years, and can recommend it as a remedy safe, and very much to be depended on.

In conclusion, the writer, with your leave, would inquire of yourself or your correspondents, the method of Dr. Jenner's using *tartar emetic ointment* in *mania*. He has a notice of this article in his MS. Journal as having been used by that eminent physician, in this complaint, but how or to what part of the body it was applied, is omitted, nor does he at present recollect the source from whence the notice was taken. C.

 The writer considers inquiries and answers, of this kind, as somewhat novel in a periodical journal; but at the same time, as highly interesting as anything which occurs in your useful and entertaining pages.

It is presumed that should the medical gentleman, who makes the inquiry, hereafter communicate for your Journal the remedy or remedies which may cure his patient of *hiccough*, your readers would be pleased and benefited to know the result.

Lebanon, Conn. April, 1835.

OBSTINATE HICCOUGH.

To the Editor of the Boston Medical and Surgical Journal.

In the No. for April 22d, communications are solicited, in behalf of a correspondent, on the subject of an "Obstinate Hiccough which comes on every day, lasting ten, twelve, and twenty-four hours," and which has thus far been only "temporarily relieved by the administration of emetics, all other medicines being wholly useless." What other remedies have been employed, we are not informed; but if the one which I am about respectfully to propose has not been resorted to, I wish it might have a trial. Singultus or hiccough is generally thought to be a convulsive motion of the diaphragm and parts adjacent. When long continued, it doubtless arises from a morbid affection of the phrenic nerve. This is

made up of branches from the third, fourth, and fifth cervical pairs. The remedy proposed is a blister on the back of the neck, extending from the second to the fifth cervical vertebræ, to be kept open as long as the benefit received shall warrant or circumstances require. Whether it operates only as a diverticulum or counter-irritant, or, through a more immediate impression on the proper nerve of the diaphragm, the writer is not prepared to decide ; but it has been tried when the same affection has made its appearance in the advanced stages of fever, with immediate and complete success. P.

New London (Conn.), April 26th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 13, 1835.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

By a resolution of the Society, the time of the annual meeting was altered the last season. The Society will come together in this city on Wednesday, May 27th, at the Athenæum, in Pearl Street, at 10 o'clock in the morning. As usual, after the proceedings of the last anniversary have been read, the fellows will make choice of Counsellors for the several districts, hear reports of committees, and transact the ordinary business of the Society. At one o'clock, it has been customary to have an address delivered, to which students and gentlemen interested in the general progress of science, even if unconnected with the profession, are invited to attend. We have in vivid recollection the delightful exposé of modern quackery by the last orator, Dr. Howe, of Billerica, which was altogether superior to the dull prosings sometimes doled out to a sleepy audience in the olden time, and we unhesitatingly express a desire, in behalf of all concerned, to have his successor prepared to meet the expectations of an intelligent assembly. By next week, the name of the speaker will have been ascertained.

Previously to dining together at Faneuil Hall, it is probable that some movement will be made by the Society in relation to the erection of a Medical Hall, for their express use. It is time to have a place of their own—having been tenants at will long enough. The room now in occupancy at the Athenæum is a miserable concern, very little superior to a common cellar. All the old books belonging to the archives are as damp, and as musty too, by three years storage—being seldom read—as the most devout literary gourmand could desire. We trust there will be a liberality of feeling pervading the meeting, worthy of the age in which we live, and that it will be unanimously decided that an edifice shall be erected on some commanding site in this Athens of the North, that shall not only be honorable to the good taste and munificence of the Massachusetts Medical Society, but manifest to future generations that the study of medicine is not incompatible with taste and elegance in architectural design. All those in favor of purchasing the Adams Schoolhouse for a medical hall, ought by all means to arrive in the city at least one week before the day of meeting, in order to find its location. Surely, no

one can advocate such a measure, who has the least regard to comfort or convenience. Somewhere on the estate of the late Mr. Green, we look with earnest solicitude for the uprising of a beautiful, classically designed Temple of Medicine.

On the day following, the Counsellors hold a session. By them the President and other officers of the institution are chosen for the ensuing year. Whatever is of consequence to be known to the profession, in regard to the general doings, may be expected in a future number of the Journal.

P. S. Since the above remarks were written, by the merest accident an advertisement was discovered in a newspaper, wherein the medical public is informed that the annual discourse will be pronounced by Dr. Jacob Bigelow, of this city, a gentleman of universally acknowledged talents. Something may therefore be expected worthy of approbation, alike profitable to the faculty and honorable to himself. Why is it that such notices as this are not published in the medical journals—certainly the most appropriate organs of such intelligence? The policy of the present mode is not understood; the practice is positively inconvenient to those who do not take several newspapers, and is, withal, diametrically opposed to that admired doctrine of *live and let live*.

COMPLICATION OF DISEASES.

JAMES H. BANCROFT, 19 years of age, about four feet high, and supposed to weigh sixty pounds, died on Sunday, May 3d, in this city, after nine years of bodily sufferings scarcely paralleled in the annals of disease. Till his seventh year, he enjoyed tolerable health, though evidently of a scrofulous habit, which he inherited from birth. He was then thrown from a horse; and from that period to the day of his death, there has been an uninterrupted series of excruciating pain and misery. There was a monstrous curvature of the spine, backward, between the shoulders—the spinous processes of the vertebrae almost protruding through the skin. The trochanter major of the right femoris was perfectly bare, and midway between the knee and hip on the outside of the left thigh, was a fistulous opening, through which the fæces had been occasionally voided, for a considerable time. His features were contracted, the expression infantile, the jaws small, like a young child's—the teeth small and decayed. The forehead was broad, and the cerebellum greatly developed. Having never gone through any pubert changes, the voice was juvenile and weak. One lung was considerably tuberculous. On the left side, the organ was sound, though there were extensive adhesions to the upper part of the chest. As the bones were more or less spongy, general disease was presumed to pervade the osseous texture.

The post-mortem examination was made by Dr. Z. B. Adams, in presence of Drs. Osgood, Gay, Parkman, Smith, and J. B. S. Jackson. An interesting history of this extraordinary case will be drawn up by Dr. Adams, which we shall lay before our readers as soon as he has prepared it.

BOSTON MEDICAL ASSOCIATION.

THE annual meeting for the choice of officers, was held at the Medical College, Mason Street, on Monday, May 4th. Dr. Homans in the chair.

Dr. Martin Gay, after having read the records of the last meeting, requested not to be considered a candidate for the office of Secretary. There were ten members admitted to the Association the past year; and three have died, viz.—Drs. Dixwell, Williams, and S. H. Smith. Dr. D. H. Storer was elected Secretary, on the first ballot. Drs. John Randall, Jacob Bigelow, John B. Brown, George Hayward, and John Ware, were elected a standing committee. A committee of five was appointed for the purpose of petitioning the City Council on the subject of the bill of mortality, consisting of Drs. Enoch Hale, Jr., J. Greely Stevenson, Joseph W. McKeen, John Ware, J. V. C. Smith, and D. H. Storer.

On motion of Dr. Ware, it was voted that a committee be appointed to consider the expediency of stating to the city government the opinion of the Boston Medical Association, that the introduction of pure water will be a measure highly conducive to the future health of this city, and with power to make this statement, if they think it expedient. The committee consists of Drs. John C. Warren, Benjamin Shurtleff, John Ware, C. T. Jackson and George Hayward.

The meeting was one of business, and though the members were together but a very short time, every one seemed in good spirits and interested in the affairs of the Association. When we have more leisure than at the present moment, some remarks may be expected in relation to the duties to be performed by the several committees.

Hydrostatic Beds.—The Boston and Lynn India Rubber Company manufacture a beautiful article—the hydrostatic bed, which must eventually be introduced into hospitals. It is constructed in the following manner. A box, about six feet six inches long, by thirty-two inches in width, is made perfectly air and water tight, and filled with warm or cold water, as may be desired. Over the surface of the water, is an India rubber cloth sheet, impervious also, with a slack of about nine inches. A sick person derives extraordinary comfort from this simple contrivance—and a well man actually luxuriates upon it.

Boston Society for Medical Improvement.—For several years, an association, bearing this name, has existed in Boston. The members hold their meetings once in two weeks, in the evening, for the purpose of reading papers on medical subjects, discussing questions of general interest to physicians, detailing the treatment of cases, for the mutual benefit of the whole, and for transacting such kinds of business as necessarily come before them. There are not far from one hundred practitioners in the city; and as it is quite impossible that they should all belong to this one society, without so much multiplying the machinery as to embarrass the proceedings, it has been suggested that one or two more should be formed, that all might participate in the great advantages resulting from this excellent system of mutual instruction.

Medical Library.—The Massachusetts Medical Society have annually presented each member with a volume, the last few years, at the expense of the treasury—under the general title of the *Medical Library*. Owing to some unfortunate event, growing out of the failure of an extensive pub-

lishing house, since the last meeting in 1834, it is said no book will be given out the present season. Admitting this to be true, a hope is indulged that the committee charged with the duty have, ere this, had time for making arrangements to procure some work, even if not so valuable as Copland's Dictionary, that the fellows may have some tangible memorial of their meeting in 1835.

Papillary Shield.—Dr. Buxton, of Woburn, Mass. has invented and patented an ingenious contrivance by which an infant is enabled to draw the breast, without that pain to the mother which invariably ensues when the organ is excoriated or inflamed. A specimen is left at the Journal office, which we invite medical gentlemen to call and inspect. The principle of operation is certainly excellent, but we believe Dr. Buxton may improve it very much by substituting a lighter kind of wood.

Memoirs of Apothecaries.—It is understood there is extant, in this city, a manuscript memoir of the apothecaries of Boston, brought down to within about twenty-five years of the present time, which would doubtless be a very entertaining mélange of demi-professional biography. Should we be so fortunate as to obtain possession of it, whatever appears most worthy of preservation will be extracted.

Trusses.—Next to pills and plaisters, the everlasting hobbies of quacks, in all countries, *trusses* hold a distinguished place. One unacquainted with the nefarious trickery of those who collect fortunes out of the lame, the halt and the blind, would suppose that all mankind needed to be braced up in trusses. One half the puffing to increase the sale of these mechanical agents, at least, should be received very cautiously.—Hundreds wear trusses who would be manifestly better without them, as they only aggravate the misfortune they speciously pretend to remedy. Those suffering from ruptures should invariably consult a well-informed surgeon upon the kind of truss which will prove most beneficial.

Dissecting Instruments.—No person ever bought a common case of dissecting knives and the accompanying apparatus of hooks, forceps, needles and blow-pipe, without being fully persuaded they were exorbitantly dear. English cutlery for this purpose has been erroneously prized above that of American manufacture; yet nothing can be more ridiculous. The Philadelphia and Boston made dissecting cases are equal in every respect to any of foreign make. If our cutlers, who are complete masters of their business, will agree to supply the profession at a little lower rate, they would most effectually put a stop to the importation of English cases of surgical instruments. It is an egregious mistake to ask more for a thing than it is really worth to the buyer. With regard to lancets, tooth keys, trocars, trepanning saws, stomach pumps, syringes, amputating, dissecting and obstetric forceps, beside some other articles of considerable importance, not immediately in recollection, they have always been, from the first settlement of the country to the present day, much too costly. The profit on them has been immense to those who have purchased to sell again. It is time to have a revolution in this matter; the faculty have been filched quite long enough.

State Lunatic Hospital.—In the course of the present month, additional buildings will be commenced at Worcester, for the accommodation of the inmates of that institution—which in the eye of the law are to be considered an enlargement of the present edifice. The additions are to consist of two parts, each one hundred feet by thirty-four, to be attached to the extreme ends of the first building, and running back at right angles with it. The elevation is to consist of three stories above the sub-base-ment. Each story is to be nine feet in the rear.

Will some of our correspondents in Maine have the kindness to inform us what progress is making in that State, relative to the erection of their State Lunatic Asylum?

Tourniquets.—Cannot some improvement be made in these indispensable instruments? In the first place, they have always been too costly; and in the second, unnecessarily complicated. It is a desideratum to have one both simple in structure and reasonable in price. Any mechanic who can accomplish these two points, may be sure of an unoccupied market.

Human Organography.—This is some part of the title of an elegant series of lithographic plates, illustrative of the structure of the human body, by Sarlandière, translated from the French by W. C. Roberts, M.D. of New York, where the work has been published. Those who have examined the drawings, have uniformly considered them exceedingly valuable to anatomists, and particularly so to students of medicine. We are far from the opinion that it is a dear work. Several copies are on sale at this office, to which the attention of medical gentlemen is invited.

Smallpox.—The smallpox has again made its appearance at Mobile, and likewise in several small towns on the Alabama river.

Death from Rupture of a Varix.—Dr. Elsaesser has published three cases of death, in consequence of the rupture of varices during labor; the varices were situated in the external labia. M. Riecke also mentions three cases of the same nature: the first patient was saved by applying cold fomentations; the second patient died; and in the third case, the tumor was discovered by compression.

These cases unfortunately are not so rare as is generally supposed; a number of them are detailed in the memoir of M. Dencux, *Sur les Tumeurs Sanguines de la Vulve et du Vagin*; Paris, 1830.

Constitution Médicale.

TO CORRESPONDENTS.—The interesting history of the late epidemic at Dedham by Dr. Jackson, and the communication from Dr. Utley, came too late for the present number.—Dr. Gallup's paper will also have an early insertion.

DIED.—At Newport, R. I. Dr. James Taylor, aged 63.—Charles Kegan, Esq. late of the East India Bengal Medical Establishment, 72.

Whole number of deaths in Boston for the week ending May 9, 20. Males, 11—Females, 9.

Of lung fever, 2—dropsy on the brain, 2—consumption, 5—scrofula, 1—infantile, 1—old age, 3—insane, 1—dropsy, 1—lethargy, 1—tumor, 1—apoplexy, 1. Stillborn, 4.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

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Instruction in modern Dentistry will be given for a small additional compensation.

May 13.

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Boston, April 1, 1835.

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Boston, April 21, 1835.

(April 29.—3t.)

C. H. STEDMAN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MAY 20, 1835.

[NO. 15.]

THE LATE EPIDEMIC AT DEDHAM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In compliance with your request, I have written a statement of the facts, so far as I have been able to ascertain them, respecting a fever which has lately occurred at Bussey's factory in Dedham. I think it will be evident that this disease is essentially the continued fever, now commonly called typhus, which occurs in this climate at all seasons, though most in the autumn. The circumstances under which it has occurred in this instance, particularly the number of persons affected at once, render the statement worthy of publication. Perhaps the medical gentlemen at Dedham may be induced to give you some other particulars, and especially any which may hereafter occur, as well as to correct me if I have been in error on any point.

The statement was written several days since, but I kept it to ascertain some points more perfectly, and I have meanwhile obtained some additional information, which I have inserted, as you will see, on this day.

I am, Sir, your obedient servant,

J. JACKSON.

Boston, May 8, 1835.

On Tuesday, March 17th, 1835, Dr. Spear, of Dedham, was called to J. Thomson, a young woman, residing in Mr. Jackman's boarding house attached to Bussey's lower mills, and an operative in the mill. Dr. S. found her affected with fever and sore throat, and, as he thought, some little eruption on the forehead. He regarded the sore throat as similar to that of others with scarlatina, whom he was then attending, and he pronounced this to be a case of scarlatina. The patient mended in a few days, and on Tuesday, the 24th, Dr. S. considered her as convalescent, and left her with cautions not to indulge too freely in eating.

On Thursday, the 26th, Dr. S. was called again to this patient, and found her in the most extreme distress and agony, so that she was unable to give any distinct account of herself. He was, however, led to believe that she suffered most in her head, though she was distressed and in great pain in every part. She continued to be sick, without any well marked local disease, till Sunday, April 5th, when she died. Dr. Spear regarded her case as similar, in essential points, to those which are next to be mentioned.

The foregoing statement was, in substance, derived from Dr. Spear on Sunday, April 19th, when I met him and Dr. Stimson at Dedham. I went on that day to the boarding house above mentioned, in consultation with those two gentlemen. I was then informed that, on

Saturday the 11th, and Sunday the 12th April, eighteen persons had been taken sick in Mr. Jackman's boarding house.

Dr. Stimson was first called there on the afternoon of Sunday, the 12th, to two young women, sisters, who had been taken sick on the afternoon of the 11th. Their symptoms were nearly the same—viz. some chills on the 11th, with prostration, anorexy, headache, dizziness, pain in back and limbs, pulse accelerated, rather full than hard. When Dr. S. saw them, their great complaint was of the head. One of these sisters was the sickest patient in the house, when I saw her on the 19th; and indeed was evidently sinking. Her countenance was sunken, her air abandoned, she was evidently distressed very much, her respiration was irregular, skin cold and moist, pulse 120, very small and feeble; she was delirious, and had been so about 24 hours; she could show her tongue, which was dry; she had had diarrhœa three days before I saw her; she had two rose pimples; she coughed somewhat, but on percussion the chest resounded well, back and front, and there was nothing unnatural learnt by auscultation, except that her respiration was irregular, and I think there was a blowing (sifflante) râle.

That I may give a connected view of this case, I will add that she died at 1, A. M. on the 20th of April, and the body was examined. Dr. John B. S. Jackson and Dr. Charles G. Putnam went to Dedham for this purpose, and made the examination in the presence of Drs. Stimson and Spear.

Autopsy, 18 hours after death, furnished by J. B. S. J.

Externally, very rigid.

Head.—On the upper surface of each anterior lobe of the brain, the pia mater, to the extent of two or three inches square, was infiltrated with a bloody serum, not to any great amount, but enough to give a very decided red color, and to be pressed about easily from one part to another. Beneath this portion of the membranes, which separated readily in consequence of the effusion, several of the convolutions were found to be superficially abraded, perhaps ulcerated, the surface being quite soft, but not discolored; except for this appearance, and being rather more congested than usual, the brain was sufficiently healthy.

Thorax.—Organs healthy. Some dark coagula in the heart, but no lymph.

Abdomen.—*Stomach* flaccid; contained about two ounces of greenish liquid, but no mucus; mucous membrane generally more red than usual, particularly in the small curvature of a part of the left extremity—in another part of the left extremity there appeared to be cadaveric softening, and towards the pylorus there was "mamellonnement" to a considerable extent. *Small intestines* rather contracted, especially about the middle portion; some bright yellow viscid fluid in upper part, and some greenish mucus in the lower; mucous membrane healthy till within $2\frac{1}{2}$ or 3 feet of cæcal valve, and then was found acute disease of Peyer's glands—about eight or ten diseased patches, regularly getting worse from above downwards; most of these were of a circular form, about half an inch in diameter, much thickened, remarkably well defined, of a light reddish color and firm texture—the first three or four were not ulcerated—the rest were so; yellow faeces adhering to the surface; and just on

the valve something like a scab appeared to have been detached and hung by one extremity. A large irregular patch was found, as usual, just above the valve, and still above this another of an oval form, about an inch long and half as broad. There was more or less redness of the mucous membrane around the diseased patches, and proportionately most around the smaller ones. Brunner's glands very slightly affected. *Large intestines* of moderate size; mucous membrane very extensively and acutely inflamed, the whole arch of the colon, sigmoid flexure and rectum being involved. The diseased appearance consisted of an intense deep red color, with some thickening of the membrane, but no softening. There were also extensive and very numerous patches formed by thin layers of soft yellow fæces, forming a strong contrast with the surrounding membrane. The cæcum, ascending and descending colon, were not much affected. *Mesenteric glands* opposite the lower end of the ileum were very large and numerous—deep red externally, but, on being cut through, found to be of a reddish gray color—very easily broken down—considerable serous discharge from cut surface on pressure, and in some of them mixed with pus. *Spleen* large, rather firm, not dark. *Liver* light colored; gall-bladder full of dark green, liquid bile. *Kidney* healthy; bladder much contracted, and containing but little, if any urine.

The other of the two sisters, to whom Dr. Stimson was called, had appeared to be the most sick of the two on the first days, and on the 15th symptoms of pneumonitis had supervened in her case, though she was then relieved of the distressing pain in the head. The pneumonitis had been shown by cough, viscid and bloody sputa, not copious, and some pain in right thorax. When I saw her I found a sonorous râle there, perhaps some mucous, but no crepitous râle, nor any bronchial respiration; likewise the resonance on percussion was nearly as good as on the left. She had not had diarrhœa. Dr. Putnam saw this patient on the 24th, and then found that on percussion the lower third of the right back was somewhat flat, and in that part he heard a mucous and a crepitous râle. He discovered, on examining her, one or two rose pimples and many sudamina. He found also that she had had epistaxis, and tinnitus aurium.

I saw this patient again on the 27th of April, and was told she had grown better to the 25th, when at evening she had sharp pain in left side for a short time, and since then had not been so well. The sputa had been mostly white through the week till then; but since that time they had been red, or some of them, but not copious. I saw one a little red, and two or three rusty, all viscid. There was a sonorous râle in both backs, most in the left, but otherwise and elsewhere, physical signs not morbid by auscultation and percussion. Her face was somewhat flushed, or rather her cheeks; her expression dull, almost stupid, but her answers were intelligent, though slow; memory not very good; a little herpetic eruption about left nostril, drying; tongue clean, except at root, where the coat remained; she was thirsty, but also craved food, and had been allowed to suck a little meat; bowels costive, and had been so, except from medicine; she had however used opiates occasionally, because very wakeful; she coughed often and easily, with a rattling, but did not expectorate often; she was very weak and sat up with difficulty for the

examination of the chest ; her temperature was moderate, but at times she had been hot ; the abdomen was rather full, but not tense nor hard ; it was not inspected ; on the breast there were two or three rose pimples. On this day, May 5th, I hear from Dr. Stimson that she is decidedly convalescent.

When Dr. Stimson visited these two patients on the 12th, he found several others in the house complaining of some indisposition, different in degree. Within two or three days the number under the care of him and of Dr. Spear amounted to eighteen. It was said that all these were taken sick on the 11th and 12th. I saw eleven of them on the 19th, and inquired minutely, so as to be satisfied that this was true as to them. Among these eleven one had felt unwell, without distinct local affection, previous to the present seizure ; that one had noticed for a fortnight some headache, diminution of appetite and some diminution of strength. Two others had had symptoms of bronchitis before the present disease, but not with severity. All the others had been well, as they believed, until the occurrence of the present disease on the 11th or 12th. On the 26th I saw two other patients, of whom one had been taken sick on the 13th or 14th, the other on the 18th.

The symptoms at the commencement in the patients, whom I saw and examined on the 19th and 26th, were nearly the same, except in degree or violence. Severe headache, dizziness, some chills, heat, early prostration and anorexy, occurred in almost all of them. In two or three cases only did the patients keep off of the bed after the second day, and most of them not after the first. Bleeding and evacuations from the stomach and bowels employed on the first days (the first or second), were followed by relief of suffering, or at least of pain ; but extreme watchfulness ensued, and the disease pursued its course. This course was, however, somewhat rapid, so that there were signs of convalescence in some of the cases on the 19th, being the 9th or 10th day of disease ; particularly there was a return of appetite. On the 26th I found that this convalescence had progressed in some of the patients, so that they had been removed to another house.

Among these patients I found that the tongue did not become dry and dark colored, except in two or three cases ; diarrhœa occurred in only two or three ; the abdomen was somewhat full in the second and third week, but not tense, nor generally at all tender to the touch, not even on pressure ; several of them had one or two rose pimples or spots, but not of a character strongly marked ; in two only were these spots numerous ; but it is to be remembered that at my first visit no one had been sick more than eight days, and at my second visit none more than sixteen days ; and, besides, I did not examine all the females as to the abdomen. Sudamina occurred in many of them. Epistaxis occurred in most of the cases in a greater or less degree, but not in any large amount in any one. Dizziness, especially on rising, occurred in most of the patients ; a buzzing in the ears also in most of them ; deafness in some ; stupor, slightly marked, in one or two ; slight delirium in two or three, but not severe, except in the fatal case already mentioned ; faintness, especially on motion, in one. At the time I last saw these patients there were or had been secondary affections in some of the cases, principally a bron-

chitis ; in one a pleurisy ; in one a pneumonitis ; in one a severely painful affection of the abdomen, with great tenderness on pressure about the umbilicus particularly ; and this affection was relieved by full leeching. The pulse was at 72 in one case, above 84 in all the others, in one or two above 120.

I will state as many particulars as I was able to ascertain, respecting one patient, whose general aspect was as much of what is commonly regarded as typhoid, as that of any whom I saw. This was Olive Butler, a girl, 12 years of age. She became sick on the 12th of April with symptoms like those of the rest. On the 26th I found her lying on her back, with a dingy and rather sunken countenance ; lips and teeth dark, with some sordes ; tongue dry and rather dark, not thickly coated ; mouth sore, had been more so, and with some salivation ; this salivation, &c. was possibly from calomel, of which she took one dose, as a cathartic, at the commencement of her disease, but there was not any mercurial fetor, so far as I could discover ; anorexy ; thirst ; no diarrhœa ; bowels kept open by medicine ; abdomen rather full, not very tense, tender on pressure, but equally so in limbs and all other parts ; a loose cough, without expectoration ; no eruption, neither rose pimples, nor sudamina ; pulse 120, small, not hard ; temperature moderate, though hot at times ; great tendency to faintness, and this on two days in second week so great as to be alarming ; greatly prostrated ; intelligence not good ; stupor some of the time, slight delirium often ; sleeps much in day and night.

This girl was regarded as better by the physician and those about her, when I saw her on the 26th of April. And now, on the 8th of May, I hear from Dr. Stimson that she is decidedly convalescent.

Upon inquiry respecting the history of these patients I ascertained the following from sources the most respectable and trustworthy. 1st. The factory in which they worked is for the manufacture of woollen cloth, broadcloths, &c. It is situated on the Neponset river. The wool employed this season has been uniformly American wool. 2d. The wool is picked, washed and dyed (mostly with indigo) at the upper mill. No one connected with that mill was sick with an acute disease. 3d. At the lower mill the wool is carded, spun and woven. 4th. All the operatives at this lower mill live in the boarding house, in which the sickness occurred ; except some married people and perhaps a few of the relations of these people. 5th. No one was taken sick of the fever except in this house. 6th. No one in this house was taken sick except those connected with the mill as operatives. 7th. Of those taken sick, every one had seen J. Thomson, who died on April 5th. Some of them had only seen the body after death ; others had seen her once or more while living ; two or three had watched with her in the night ; the nurses, who had attended her, had not become sick so late as the 26th of April, though these nurses were operatives in the mill, and left that to attend to her. 8th. The persons, who had the fever, had lived in Dedham and been engaged in the mill for various periods of time. Some of them had been there three and four years, others a year, others a few months or weeks. One who had been there a year or more had been absent part of the time, and had returned within a month before the occurrence of the sickness. A boy (Bacon) who was among those first

taken sick, had entered the mill on the 25th of March of this year, and had never before resided in the town. His mother, who was also in the mill, had been there a year, and she was taken sick at the same time. 9th. The house in which the sickness occurred contained at the time about fifty-eight inmates of all descriptions. It was essentially clean, and I was assured that on examination nothing offensive was found in the cellar, nor surrounding it. 10th. On the path from the house to the mill nothing could be pointed out as offensive except a sty, which contained six hogs, nor was this peculiarly so. 11th. The house had been built as a boarding house for the operatives, and was first inhabited in January or February, 1827. It had frequently had from eighty to ninety inmates, being very large. The agent had, however, taken pains to reduce the number, and it was not considered as at all crowded this spring. The inmates of it had always enjoyed good health till now, and till now there had never occurred a death in it since it was erected.

These are the facts as they existed when the foregoing was written. This day, May 8th, I am informed by Dr. Stimson that since my last visit "one other female has been taken sick, evidently with the same fever, by the name of French, not an operative in the mill, but a domestic in Mr. Jackman's boarding house."

It appears that most of the patients are now mending; one is not yet free from bad symptoms; and one is in a state of great danger. This is one of the patients first taken, on the 11th or 12th of April, and was the most sick of any whom I saw at my second visit.

REVIEW OF CERTAIN CASES OF FRACTURE TREATED AT THE PENNSYLVANIA HOSPITAL IN 1834.

BY JOSEPH A. GALLUP, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It appears that novelty is the ruling passion of the age; that it is discoverable not only in the versatility of the *beau-monde*, but in graver intellects, and finds even votaries in that science intended for the preservation of health and the removal of incidents tending to destroy life. That the art of healing is capable of, and indeed needs, improvement, will not be questioned; however, these advances must be cautiously adopted, and every step well guarded by inductions made from sure premises. We need to be alike cautious in repudiating modes of practice that have been established with great circumspection, and approved by the greatest ornaments of the profession for ages gone by.

After the lapse of some thousand years since medicine has been cultivated as a science, and that by some of the most vivid intellects, shall it now be said there is not a theorem established on which an inquirer can rest and feel satisfied? or must he still vacillate, like the weary traveller standing on a bog in the midst of a morass? We are not of those who doubt everything, and such as cannot decide whether we exist or not; nor, after experiencing three score and six annual revolutions of the dark planet we rest upon, will we doubt the reality of the frosts of winter, or the scorplings of the summer solstice. As soon may we be led to doubt

these as to question some of the data established by our predecessors in the practice of medicine, which have been confirmed by long and patient experience. That division of the science styled surgery, as having to do with derangements more cognizable, has stepped in advance of therapeutics, the objects of which often lie concealed in the darkest and most remote recesses of the system.

We were led to these reflections on reading a "*Report of Cases treated in the Pennsylvania Hospital*," and published in the American Journal of the Medical Sciences (No. 29) for November, 1834. Our high respect and devotedness of feelings for those ornaments of our country, the mother institution, presiding over the hospital departments, as well as for the contributors and editors of the Journal, may be offered as a sufficient guarantee that the following remarks are not the offspring of malevolence, but, however inappropriate, yet may emanate from good intentions.

Experience leads to the conclusion, that injuries done to the head are more manageable than in either of the other great divisions of the system. Wounds readily heal on and about the head, when the instinctive powers of the system are properly balanced—more readily than in any other part; and the trephine is an instrument on which great reliance can be placed in recent injuries and collections beneath the cranium; indeed, experience warrants that its use ought to be extended beyond the line of its warmest advocates, instead of being restricted, and even decried by those who take on themselves the responsibility of teachers or patrons. We will now recapitulate the cases of fracture of the cranium in the above report, and attempt to show that this instrument might have been advantageously employed in many, if not all the cases in which it was neglected to be used.

CASE I.—*Fracture of the skull with depression*.—Patient carried to the hospital in one hour after the accident; lived 6 1-2 hours after admission, with the common symptoms of compression, but no operation. Post-mortem inspection detected a large quantity of blood between the scalp and cranium, a portion of bone nearly three inches in diameter depressed, viz. the anterior and inner part of the right parietal, and across the sagittal suture half an inch on the left, and then about two and an half inches into the frontal bone. A fissure at top of one fourth of an inch, and fracture extending to the base of the cranium. Some other fractures, all which denote it to be a very bad case, with three openings in the dura mater. One gill of blood below dura mater, with some coagulations at the base of the brain. There were effusions of blood into the ventricles, and this with effusion of blood at the base of the brain might be sufficient to declare the case incurable had they been known to exist. As these circumstances could not have been known at the time, would it not have been proper to have extended the privileges of the chances of the operation to the patient, since others have lived under all the adverse circumstances mentioned, except the deep-seated effusions?

CASE II.—*Fracture of the skull with depression*.—It appears in this case that there was a "detached portion of cranium, about an inch square," removed after a tedious process of suppuration of *fifty-eight* days, and not then without some cutting. The patient recovered, and

the collateral treatment very good in this way of doing business ; yet if the trephine had been prudently used, in all probability it would have saved much distress, and instead of the patient being confined eighty-nine days at the hospital, *might* have been discharged in ten days.

CASE III.—*Fracture of the skull.*—In this case the symptoms indicated more of inflammation, after the second day, than depression ; however, this case may be passed, and comprehended in general remarks presently to be made.

CASE IV.—*Fracture of the skull, &c.*—The patient admitted into the hospital the morning after the injury. Although he had received several incisions of the scalp in the affray, “exposing a portion of the cranium,” yet there was “no fracture or depression detected.” The patient lived ten days from admission, and the whole series of phenomena indicated compression of the brain. On removing the integuments was discovered “a long fissure, extending in a curved line from one temporal bone to the other.” When the bone was removed, “a deposit of blood an inch and an half in diameter, and more than a line thick, was visible near the base of the squamous portion of temporal bone ; a line was traced by this same deposit on the outer surface of dura mater, irregular, but in most places several lines wide to the left side, where another deposit of blood, a little less than on the right, and anterior to it, was found.” Some black blood in meshes of pia mater, and a black coagulum half an inch in diameter ; similar on left side. In the ventricles, the base of the brain, and sheath of the medulla spinalis, a serosity, which no doubt was a sequence of eight or ten days inflammation.

A more prominent case for investigation, and the application of the trephine in more places than one, can hardly be indicated, and yet no mention is made of its being even talked of.

CASE V.—*Phrenitis, following an injury of the head.*—“Fracture existed in both bones of both forearms,” and this seemed to engross more attention than the injury of the head. “Large ecchymosis with tumefaction of the eyelids of the right eye and parts covering the malar bone and temporal fossa.” “Intelligence perfect” until after *three eighths* of a grain of morphia was given to quiet restlessless from the pain in the arms, followed with “extreme stupor.” “Skin extremely hot ; face flushed” &c. “Pulse 140.” It may be here remarked that this is usually the case when narcotics are used in injuries of the head and no vent has been given to the compressed contents, especially in so large a dose.

Patient lived ten days. On examination, “fracture with depression of both tables of os frontis on right side, just above the external angle of orbit ; fracture extends through the orbital plate in its whole breadth ; just above this fracture the dura mater is torn, and a coagulum of black blood exists. Summit of convolutions compressed.” The usual traces of inflammation discovered in the brain, such as injection of bloodvessels, effusion of serosity, &c. The same remarks might be made here as in the preceding case.

CASE VI.—*Wound of the elbow joint, with injured spine.*—In addition had “a wound of scalp, two and an half inches long ;” but the contusion over the lumbar vertebræ was the most important. Patient lived

five days. The symptoms of compression of the brain not mentioned, but the autopsic inspection developed "much blood on exterior of dura mater." But could this be the fact without the accompanying physiological phenomena? It seems that the injury of the spine, and paraplegia, engrossed the attention. There supervened strong symptoms of inflammation; and there was also discovered on the membranes of the spinal cord "a layer of half coagulated black blood, extending throughout all the dorsal and lumbar vertebræ." There is no probability that any operation could be of use in this case; however, the cerebral effusion ought to have been detected, and the early application of the trephine would have been justifiable, for it appears that on the first day he "moved his extremities without difficulty," but that on the third, could not "move his lower extremities with the same facility as yesterday," and the loss of motion was not complete until the fourth day.

The above are all the cases of direct injury of the head, having any connection with the use of the trephine; and as our remarks were intended to be limited to this, we need not go further. We may notice, however, that the trephine was not used or spoken of in any of the most prominent cases, except the first; at the close of this case a consultation of the surgeons of the house was called for, but the patient died before, we are told, they had time to assemble. It manifestly appears that the trephine must be an instrument but little used in that institution, and if so, we need not be surprised that so many cases of injury of the head should go wrong. The writer has not been in the way of meeting so many cases as many others, which called up the question of the expediency of using the trephine, nor has surgery been his most important department; notwithstanding, during a series of years he has met with a very considerable number of cases, and perhaps with a full share of bad ones. He has been in the habit of using the trephine quite freely, and even in doubtful cases, and he enjoys the comfortable reflection that in no department of practice has he had so great satisfaction. Some very formidable cases, and almost uniformly, have been restored, and even where the whole upper surface of the cranium has been crushed, so that it was difficult to keep the rocking bones in juxtaposition until the adhesive process commenced, and where more than one perforation was necessary to give vent to large clots of blood; and also, where the dura mater has been lacerated, and considerable portions of cerebral matter had discharged.

[To be continued.]

REMOVAL OF CALCULI FROM THE URETHRA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having in the course of my practice met with many cases of obstructions in the Urethra in consequence of Urinary Calculi, and having been under the disagreeable necessity of witnessing much protracted suffering for the want of efficient means to remedy the difficulty, I was induced in the following case to resort to some expedient for the more immediate relief of my patient.

Nov. 6th, 1834, I was called to visit W. N., a man about 50 years

of age ; he informed me he had been afflicted at intervals with a difficulty of passing his water, for nearly fifteen years, and after days and sometimes weeks of extreme suffering he had obtained relief by passing one or more calculi in an effort to void his urine. The present attack had been of about four days continuance. Discovering in him manifestations of excruciating pain in attempting to pass his water, which in quantity was not sufficient to relieve the bladder, induced me to examine the urethra, that I might discriminate between the suspected cause and a stricture. With a probe I readily detected a stone about four inches from the orifice of the urethra, which stone he said had been stationary about three days, as he was confident he had felt it through the parietes of the urethra. Thus situated in regard to the responsibility of this case, I immediately repaired to a silversmith and ordered an instrument to be made according to the following directions. A silver wire, about two thirds as large as a common-sized male catheter, nine inches in length, with a stationary ring at one end for the purpose of better controlling the instrument in an operation. At the other end, or the end to be introduced, a small silver wire, an inch or more in length, in the shape of a loop or bow, soldered to the shaft, and dilated more or less according to the capacity of the urethra or size of the calculus to be extracted. The figure below will perhaps give a better idea of the instrument than this description.



With this instrument I had the satisfaction of relieving my patient without any difficulty, or doing any perceptible injury to the parts. In evidence of this, he immediately passed his water in a full stream and with perfect ease, at the same time expressing to me his regret that such an instrument had not been used in his former paroxysms.

So admirably did this simple instrument succeed in this case, that I have implicit confidence in its utility in all similar cases, and should conceive I was doing injustice to withhold from the profession a statement of this mode of removing calculi from the urethra. The practical utility of this instrument is so obvious, and the operation with it so simple, that particular directions may be deemed quite unnecessary ; but lest I leave the subject vague, I will give the following directions for its use. The loop end of the instrument is to be carefully passed to the calculus, which will be readily discovered by the sensation communicated to the hand in which the instrument is held. Then the urethra is to be grasped with the thumb and index finger of the left hand, that the calculus may not recede ; then with a rotatory motion and a cautious effort to pass forward the instrument, the fundus of the loop will soon find its way past the calculus, which with the thumb and finger can be placed and retained within the loop, and with a moderate tractile force the operator will be enabled to remove the calculus with facility.

Yours, respectfully,

LEANDER UTLEY.

Providence, R. I. April 28th, 1835.

BLEEDING BANDS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a late Journal you noticed the Bleeding Bands of India rubber, invented by Dr. Brewer. On trial, I do not find them, in the operation of bleeding, so convenient as I anticipated. There is an inconvenience in the application, and especially in the removal; and an inconvenience, arising from the difference of the requisite force to compress the veins in the arms of different individuals, is not wholly obviated by the elasticity of the material. I have straps of India rubber, to each end of which leather is secured, which I use with small buckles. Such ligatures I think will be found very useful in bleeding, and will obviate the above objections to the circular strips or bands. I had procured them with the design of using them as ligatures over splints in fractures. In some of the modes of treatment of fractures of the lower extremities, the India rubber may, perhaps, be found useful in making the desired extension.

Yours, truly,

L. HOWE.

Jaffrey, N. H. May, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1835.

MEDICAL COUNSELLORS.

WHEN the fellows of the Massachusetts Medical Society are properly organized for the despatch of business, on the 27th of the present month, it certainly devolves upon them to revolutionize the heedless old system of electing Counsellors of the several medical districts. Usually, there has been a most lamentably languid state of feeling in relation to the men who are to be chosen;—but a decidedly reprehensible practice has been, for gentlemen belonging to various parts of the Commonwealth to perform the labor of balloting in counsellors of whom in many instances they can only have a very partial knowledge; and this is done, too, without participating at all in the wants or condition of each particular district.

Another subject should command the immediate attention of the Society, viz., allowing any one district not to be represented at the annual meeting. It is doubtless within the recollection of many, that several important sections of the State are sometimes entirely without a delegate. But worse than all, one person fills out such a catalogue of counsellors for a district, under such circumstances, as suits his own notions of the wants, ambition and selfishness of some half a dozen uncles, sons, cousins, and brothers-in-law, which he kindly distributes about the apartment, and such a phenomenon as an objection to the name of a counsellor thus proposed, was never known in that wise assembly. By this kind of forestalling, there have been counsellors re-elected so many successive years, that strangers who have read the proceedings must suppose great poverty in the Æsculapian ranks—for promotions or routine in office are almost unknown in the history of this learned body.

That it gives a practitioner an advantage to be a counsellor, over a neighbor who is not one, must be conceded : indeed, there have been examples in the medical history of Massachusetts, in which the honor of being a counsellor has been felt to be vastly consequential—encouraging an illbred and presuming ignoramus to abuse and shamefully maltreat his betters in the same profession. By looking over past memoranda, the names of some may be recognized who never ought to have had anything to do with medical legislation. There should be some discrimination used in selecting those to wield the influence of the Society, who have both the talent and the desire to raise the character of the profession. Let each one examine this matter for himself, and be careful that his masters are those of his own choice. Radicalism—a restless ambition to overturn the established order of things—has nothing to do with these suggestions ; they have been prompted solely by a thorough conviction that the present mode of making State Counsellors for such as cannot or will not do it themselves, is wrong ; and that the election of those who have no more regard for the reputation of the Society than for any indifferent affair, should no longer be tolerated by the fellows.

CONNECTICUT MEDICAL SOCIETY.

THE following is a list of the President, Fellows, and Officers of the Connecticut Medical Society for the present year, assembled in Convention, at Hartford, May 13, 1835.

Thomas Miner, M.D. President. Silas Fuller, M.D. Vice President. Elijah Middlebrook, M.D. Treasurer. Charles Hooker, M.D. Sec'y.

FELLOWS.

County of Hartford.—Julius S. Barnes, M.D. George Sumner, M.D. Pardon Brownell, M.D. Henry Holmes, M.D. Guy R. Phelps, M.D.

County of New Haven.—Ebenezer H. Bishop, M.D. Nathan B. Ives, M.D. Andrew French, M.D. Arza Andrews, M.D. Josiah F. Hunt, M.D.

New London County.—William Hyde. James Morgan, M.D. Ephraim Fellows, M.D. Dyer T. Brainard, M.D. William W. Miner, M.D.

County of Fairfield.—William T. Shelton, M.D. George Blackman, M.D. Lloyd Seeley, M.D. Rufus Blakeman, M.D. Ambrose Beardsley, M.D.

County of Windham.—Hiram Holt, M.D. Eleazer Litchfield. Justin Hammond. Virgil M. Palmer, M.D. Mowry Burgess, M.D.

County of Litchfield.—Johnson C. Hatch, M.D. Josiah G. Beckwith, M.D. Burrit R. North, M.D. Manly Peters, M.D. Charles Vail, M.D.

County of Middlesex.—George H. Abernethy, M.D. Ira Hutchinson, M.D. Charles Smith.

County of Tolland.—Joseph C. Dow. Earl Swift, M.D. Alvan Talcott, M.D.

Committee of Examination.—Thomas Miner, *ex officio*. Silas Fuller, Luther Ticknor, Dyer T. Brainard, Earl Swift, Joseph Palmer.

Committee to nominate Professors in the Medical Institution.—George Sumner, Rufus Blakeman, Milo L. North, Andrew Harris, Gaylord Wells.

Committee to nominate Physician to Retreat for the Insane.—Thomas Hubbard, Eli Ives, John S. Peters, William Buel, Thomas Miner.

Hon. S. B. Woodward, M.D. of Worcester, Massachusetts, was elected honorary member of the Society.

SMALLPOX.

A CORRESPONDENT informs us that a case of smallpox has made its appearance in Stow, Mass. Cases have also recently occurred at Charlestown. Let vaccination be promoted by the civil authorities, and the community will have little cause for alarm. Dr. Mason, of Dartmouth, Mass. in a postscript to a letter on the 12th, says—"The smallpox is now in my neighborhood. There have been two very sudden deaths, which were thought to be cases of scarlatina of the worst grade; but two others who were with them have sickened since, and have gone through the disease with unequivocal marks of genuine smallpox. Some others, who have been vaccinated heretofore, are now sick with what will probably prove to be varioloid. I shall be able to give you more particulars on the subject hereafter."

Copland's Dictionary.—Part III. of this valuable publication, in which the profession of this country must necessarily feel deeply interested, was promised to be out of press in London about the first of May. With regard to the American edition of this work, of which some notice was given last week, we present the following note to the editor from the successor to the former publishers.

DEAR SIR,—I perceive in your *Journal* of the 13th, a notice of *Copland's Dictionary*, which does not convey the actual fact, and I beg you will have the kindness to correct it. The embarrassed state of the affairs of Lilly, Wait & Co. did not in the least retard the publication of the work; but the sole cause of delay is the *non-arrival* of the sheets from England. The prospect is thought to be good for the arrival of Part III. in all this month. With much respect, &c. SAMUEL COLMAN.

Medical College of Ohio.—The General Assembly of Ohio have appointed a new Board of Trustees, and a hope is expressed by the editor of the *Western Journal* that something will be done—which means about as much as to say that the old faculty should have leave to vacate their chairs.

Cathartics.—Dr. Powell, of Louisville, Ky. has furnished a paper for the last No. of the *Western Journal* of the Medical and Physical Sciences, on the Utility of Cathartics, which does him great credit. The author should do more, and present the profession with a volume upon the same subject—for something of the kind is needed from the pen of an experienced American practitioner, who possesses a knowledge of the diseases peculiar to this climate.

Botany.—Mr. I. L. Riddell has produced a synopsis of the flora of the Western States, in a series of papers, that cannot fail of being extremely useful to the physicians spread over the vast regions of the West. Before this labor was undertaken, of the medical botany of that interesting

section of the United States, which nature seems to have delighted to dress with a profusion of her choicest and richest vegetable productions, nothing satisfactory was known, unless it were found in the occasional notes of travellers.

Cincinnati Medical Society.—A fifth annual election of the officers of this association has been held, and resulted in the choice of Dr. L. C. Rives for President. In the catalogue of officials, is noticed the name of a gentleman who was chosen *mineralogist*. The election of a constable would have been quite as appropriate in a medical point of view.

Medical Periodicals.—On the first of July next, the Western Medical Gazette and the Western Journal of the Medical and Physical Sciences, both heretofore published at Cincinnati, will be united, under the joint editorial care of Drs. C. R. Cooper and Silas Reed, favorably known to the medical public in this part of the country, as well qualified to sustain any periodical confided to their management.

Cholera.—The Memphis (Tennessee) Gazette, of April 23d, says that “Memphis has again been visited with the cholera. It made its appearance last week; in the course of three days, eight or ten well developed cases, four deaths—two whites and two blacks—three of those had had very bad health for some time. The town is again entirely healthy.”

Accounts from Marseilles to the 4th of April, state that no new cases of cholera had occurred in the last two or three days. The city had been severely visited by the disease, which had carried off as many as fifty of the inhabitants in a day. It is remarkable that four-fifths of the victims were females. The terror was so great, that the principal women remained all night in the churches, in prayer for the removal of the cholera. So many of the merchants had fled from the city, that business had nearly been suspended.

We have the London Lancet, of April 4th, in which some account is given of the ravages of this fatal disease, but have no room for extracts the present week.

Munificence.—The Eye and Ear Infirmary has, within a few weeks, received a bequest of \$300 from the estate of the late Deacon Parker, of Charlestown, and a liberal donation of \$500 from the Hon. Peter C. Brooks.

It is time a hospital was commenced: the surgeons of the Institution really need better accommodations. A spot at the corner of Hawley and Franklin Streets, is worth the attention of the directors. Another eligible location might be selected in Pearl Street, near the Asylum for the Blind.

Phenomenon.—The Propagateur of Calais gives the following incredible statement:—A healthy young woman of Merck St. Lievin, near St. Omer, suffered for a considerable time such severe pains, that she was occasionally deprived of her senses. Lately she felt a strong inclination to vomit, and after many efforts she voided a lizard of considerable size,

which is supposed to have lodged in the stomach for a long time. Since she was thus relieved, she has recovered her former health and strength.

Within a few years, various accounts have been given, quite as remarkable, of live snakes having been vomited. Any professional gentleman who can furnish us with detailed cases, in which living reptiles have been thrown from the stomach, will confer a favor.

Medical Distinction.—At a meeting of the "Royal Academy of Medicine of Paris," held on the 17th of February, 1835, Dr. Samuel Jackson, of Philadelphia, was *unanimously* elected a Foreign Corresponding Member.

New Medical Works.—A folio work, with twenty plates, illustrating fractures of the extremities, &c. by G. W. Hind, late curator of the London University Anatomical Museum, is being published in London.

Dr. Dermott, known as the author of some plates on the surgical Anatomy of the Arteries, prefaces his technicalities with a dissertation on medical politics.

Mr. John Mallan, a surgeon-dentist, has a little volume in the London press on the physiology and diseases of the teeth.

M. Louis's Anatomical and Pathological Researches on Phthisis, with notes from all modern writers on consumption, &c. by Dr. C. Cowan, will soon be for sale here.

A Word to the Wise.—Mr. Justice Gaselee, in a recent case where a surgeon was brought up for operating upon a boy in an almshouse against his own will and that of his parents and the overseers, decided that it was an assault, and the jury pronounced the surgeon guilty. The question had never before come up in England. We think our professional gentlemen in America ought now to look into the matter, as we are very much inclined to the belief that such cases, or those virtually amounting to compulsion or menace, have occurred in some of our hospitals, as well as almshouses.

Popularity of Dr. Grant's Lectures.—Such is the estimation in which this gentleman's lecture on comparative anatomy are held in France, Germany, &c. that translations are made into these languages as fast as the doctor can deliver them at the London University. Blainville, Geoffroy St. Hilaire and Tiedemann, are his warmest admirers. Why are they not republished here? Every man of scientific taste in America would feel the necessity of having the work.

Medical Translations.—Winslow Lewis, Jr. M.D. of this city, proposes a translation of Gall on the Functions of the Brain, and Manec on the Ligatures of Arteries. They could not fall into better hands.

By a recent decision in the District Court at Philadelphia, it appears that Dr. Dunn, who left his horse at the side of the street while he visited a patient, had a verdict returned against him for the price of a horse. The Doctor's horse was frightened, and, not being fastened, ran away, and struck the shafts of the gig against another horse and killed it.

NOTE.—We beg leave to direct the attention of our readers to an article on the first page of to-day's Journal, by Dr. Jackson of this city, a gentleman eminently distinguished as a teacher of Theory and Practice in the Medical School of Harvard University.

DIED—At Edenton, N. C. Dr. Matthias E. Sawyer, 64.—At Fort Gibson, Arkansas Territory, Dr. S. W. Hales, Assistant Surgeon U. S. A.—In Salem, Dr. Benjamin L. Oliver, aged 75, of an affection of the heart.—At Plympton, Mass. Dr. Calvin Bradford, 81.—At Bangor, Me. Dr. James Taylor, 63.—At Baltimore, Md. Dr. Alexander C. Jameson.—At Newport, R. I. Dr. William Jerauld Williams, aged 22.

Whole number of deaths in Boston for the week ending May 16, 20. Males, 10—Females, 10.
Of consumption, 8—accidental, 2—fits, 1—old age, 1—intemperance, 2—infantile, 1—dropsy on the brain, 1—apoplexy, 1—pleurisy fever, 1. Stillborn, 1.

ADVERTISEMENTS.

MEDICAL NOTICE.

A PHYSICIAN wishes to purchase, in some pleasantly located town, in which there is good society, the stand and business of a gentleman who could introduce him successfully to his routine of practice. As he has a small family, a moderate establishment as it regards buildings on the premises to be sold, would only be necessary. Address to the editor of the Medical and Surgical Journal, post paid, who will furnish the address of the advertiser.
May 20, 1835.

PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

WILLIAM WILEY, of Baltimore, manufacturer of Cutlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired.
3t.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

eptf.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

JOSEPH H. FLINT,
ELISHA MATHER,
AUSTIN FLINT.

Instruction in modern Dentistry will be given for a small additional compensation.

May 13.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MAY 27, 1835.

[NO. 16.]

REMARKS UPON THE DEAF AND DUMB.

CHIEFLY FROM A PUBLICATION BY JOHN R. BURNET, OF THE NEW YORK ASYLUM.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A WORK which has lately appeared under the title of "Tales of the Deaf and Dumb," contains some remarks respecting that unfortunate class of persons, which perhaps may not be without interest to the medical reader. Although the volume under consideration was especially designed, as stated by the author, "for the educated deaf and dumb, and for those who take a particular interest in the education of persons thus afflicted," it necessarily leads to the relation of observations and facts which have a bearing upon the profession of medicine. But if a notice of these facts should be considered as a deviation from the regular course of a Journal devoted to the great interests of medicine and surgery, or should the subject be deemed derogatory to the dignity of those who (striving in the path of well doing) ponder over the "tablets inscribed in the temple of Æsculapius" alone, it is hoped that the sympathy for the misfortunes of our fellow beings, and the desire to afford relief, which are characteristic of the professors of the healing art, may be received as an apology.

The fact that the volume before us is the authorship of one who is himself among that unfortunate class, for whose benefit it was mainly prepared, being "deaf from an early age, and, except to a few familiar ears, also dumb," will add to the interest of its perusal, to those whose time or inclination should lead them to examine the work itself. And, as in the case of those who are deprived of the use of a different organ of sense, viz. the eye, experience has disclosed the novel fact that the blind are the best teachers of the blind, so it may be presumed that one who has felt the full weight of the evils of being deaf and dumb, and has successfully surmounted the obstacles in the path of knowledge, will be best able to point out the course to others similarly situated.

With respect to the number of our fellow beings, who are deprived of the faculty of hearing and consequently of speech, the first division of this work ("On the early domestic education of the deaf and dumb") contains the startling announcement that "on a general average, one deaf mute may be found in every fifteen hundred souls: or about half a million of the inhabitants of this globe are deaf and dumb." "By the census of 1830, the United States then contained six thousand one hundred and six persons who were deaf and dumb." "Twenty years ago, there was not a single school for the thousands of our deaf and dumb

population, and twenty-five only for the tens of thousands of Europe. Now there are one hundred and thirty institutions in the world, and six of these are in this country. In these six, about *four hundred and fifty* are receiving the blessings of education."

With a view to preparing, says our author, "those who are born deaf and dumb, or who have lost their hearing by sickness or accident in early life, to derive to the fullest extent the advantages offered by the public institutions, it is indispensably necessary that their education, like that of hearing children, should commence *at home*, and at as early an age as possible."

"During the first months of existence, there is no perceptible difference between the hearing child and one born deaf. But as soon as it makes the first attempts to produce vocal sounds or articulate, the difference becomes perceptible." "The deaf child has the same power of producing sounds, as his hearing brothers and sisters, and in fact often exercises it without knowing it; but experience cannot inform him of its existence, and consequently it becomes useless to him, i. e. is never called into action." "But those signs by which nature teaches us even in infancy to communicate our sufferings and our wants, remain to the dumb; and the *eye*, the first and in fact the nearest channel of communication between mind and mind, must be taught and educated, as the medium by which those signs may be recognized." "The remedy, then, and the only but an efficient remedy for the misfortune of the deaf, is, by *making their eyes supply the place of ears*." And this rule is applicable as well in our intercourse with those who have lost their hearing at a later age, as in those who are born deaf.

"The process of teaching the deaf and dumb to speak or articulate, depends mainly upon the following points. First, to teach the deaf child to imitate the motions of the lips in pronouncing some vowel; the letter being at the same time pointed out to him. Then take his hand and put it before your mouth, that he may feel the expiration of air which accompanies utterance, when you renew the pronunciation of the vowel; and then place your own hand before his mouth, as if expecting that he should imitate you in this also. After some trials, he will probably pronounce the letter in a kind of whisper." "Finally, take his hand and apply it to your throat (upon the vocal box or larynx), and make him observe the *vibration* which takes place, when you again renew the pronunciation of the vowel. This time the child will probably utter a vocal sound, more or less resembling the sound of the letter selected for the lesson." That this process will require much patience and perseverance on the part of the teacher, is evident, but success will result eventually. "The proper sounds of the vowels depend more upon the position of the tongue, than upon the opening and position of the lips. If, therefore, the pupil does not give the desired sound at first, though he imitates the motions of your lips, it must be because his tongue is not in the proper position. You must then carefully make him observe the position of your tongue in pronouncing a letter, and for this purpose you must speak with a well-opened mouth and facing the light."

"Many children who pass for *deaf mutes*, are only *partially deaf*. Some will readily hear noises, while they cannot distinguish words,

because finding it difficult to distinguish words, they neglect to listen. Experiments made at the Parisian Institution on several such, have proved that they may be taught to distinguish sounds, by only accustoming them to listen ; and in teaching them to speak, they are often to a considerable extent taught to hear. Both their speech and hearing may be greatly improved by judicious exercise." "It is generally supposed that a greater number of children lose their hearing in infancy, than are born deaf." This fact, however, cannot be ascertained with certainty, as, in the opinion of some eminent surgeons, the faculty of hearing in infants is naturally imperfect, which explains a common remark that infants are pleased and attracted by loud noises ; and it must therefore in many cases "remain doubtful whether the child was born deaf or lost its hearing by disease." "Nothing, however, is more certain than that those children who lose their hearing, before articulation has been acquired or sufficiently impressed on the memory, will become *dumb*." The truth of the following observation will be generally acknowledged by physicians who have had much experience in diseases of the ear, viz., "that although deafness (entire or in a great degree) has been sometimes cured or relieved by medical means, yet the success of those means is in most cases extremely doubtful.*

"Whether deaf and dumb persons are more numerous now than in ancient times, will never be known with certainty ; but in every age of the world, deafness appears to have been a common infirmity." "To whatever cause," says Professor Barnard, "it may have been owing, it was the universal sentiment, in ancient times, that the deaf and dumb were wholly incapable of instruction" ; and this was the stern decree pronounced against them by Aristotle, the master philosopher of antiquity. As late as the end of the fifteenth century, no effort had been made to afford them the benefits of instruction and education. But in the sixteenth century a new era opened upon this unfortunate class.

To show to what extent deaf mutes are capable of instruction, we subjoin the following account. "In Spain, which may be called the cradle of this art" (instructing the deaf and dumb), "certain deaf mutes, the pupils of Ponce, had been taught so that they spoke, wrote, prayed aloud, attended mass, confessed, spoke Greek, Latin (as well as Spanish), and reasoned remarkably well upon physics and astronomy." And at a later period, it is related of another, that "although insensible to the report of a cannon, he could distinguish by sight alone the words of others, and had himself learned to pronounce distinctly. Physicians and surgeons had exhausted upon him in vain every species of remedy." By way of experiment, words were pronounced in the presence of this young man, both in French and English, and he repeated them exactly.

Of Ernaud, a French teacher, it is related that he employed himself very much in reviving the sense of hearing where it was partially lost. He asserts, indeed, that he had met with no instance of *entire deafness* ! Articulation was of course his principal instrument in the instruction of his pupils.

* The failure of a very large proportion of the operations for the cure of deafness by puncturing the membrane of the tympanum, seems to have occasioned a general neglect of an operation, which in certain cases of deafness offers the only, if not a reasonable, chance for the recovery of hearing.

Of the capability of the deaf and dumb for receiving instruction, there is no longer any doubt. The bright examples of extensive and varied acquirements which our own country has afforded, fall not much short of the instances cited above. "At the Hartford Asylum, which is the oldest on this side the Atlantic for the instruction of the deaf and dumb, the number of pupils, by their last annual report (May, 1834), was 133, which is the average number for the last three years. The number of former pupils is 344; 477 having enjoyed the advantages of the institution." This asylum, it may be observed, owes its origin to the circumstance of the deprivation by disease of speech and hearing, of a child of a respectable physician* at Hartford; by whose exertions, aided by a few friends, a school was opened in that place in April, 1817. "The number of institutions for the deaf and dumb in this country is six, viz. one at Hartford, Conn.; one in the city of New York; another at Canajoharie, N. Y.; one in Philadelphia; one at Danville, Ky.; and one at Columbus, Ohio."

Speaking of the causes of deafness, he says, "It has been supposed that the proportion of deaf and dumb persons among the population of different districts being known, would enable us to ascertain some of the *causes* which produce deafness; but we confess ourselves wholly unable to form any opinion on that point, at least so far as respects the white population." From our author's observations, it would appear "that in *every State north* of the Potomac and Ohio, the proportion of deaf and dumb among the colored population is much greater than in *any State south* of those rivers." "It is also to be observed, that in the northern States the proportion of the deaf and dumb is much greater generally among the colored than among the white population; whereas in all the southern States, the case is precisely the reverse." Mr. Burnet concludes from this, "that deafness is frequently occasioned by the want of physical comforts;" under the supposition that the slaves of the South are as a class much better provided for than the free blacks of the North. As far as my own limited observation extends (in this city), I am not aware that the colored population presents a proportion of cases of deafness at all greater than the white population of the same situation in life, or with similar means of obtaining a livelihood. As regards the difference in favor of Southern slaves over the black population at the North, I would hazard the conjecture, that this may be attributed to the influence of the climate at the South, which is probably more congenial to the habits and constitution of the colored race than that of the North. Cold and moisture, it is well known, are among the most active causes of catarrhs, inflammation of the mucous membranes of the head and of the eyes, and also of affections impairing the hearing. Owing to a like deficiency of the comforts of life, it happens, says Mr. B., that "a larger proportion of deaf mutes among the whites belong to the lower classes." This is analogous to what occurs in diseases of the eye, the poor forming by far the largest class of sufferers from these diseases.

"From observations made both in this country and in Europe, it is estimated that at least *one half* of the deaf and dumb were born with the

* Dr. Cogswell—since deceased.

sense of hearing. Among 276 pupils received into the Hartford Asylum up to 1829, 116 were born deaf, 135 lost their hearing by disease or accident, and in 25 cases the cause of deafness was unknown. "The greater number of those whose deafness was accidental, lost their hearing under the age of *four* or *five* years, but in several instances dumbness, more or less complete, has followed the loss of hearing as late as the age of *six*, *seven*, or *eight*, and perhaps even later." "When children are born deaf, there will very often be several afflicted in a similar manner in the same family; but when their infirmity is owing to disease or accident, they are generally single cases in their respective families. Instances of two or more children thus afflicted are not, however, wanting."

"As all children," continues our author, "are liable to become deaf, it is interesting to inquire what diseases are most usually the causes of deafness." "*Fever*s, particularly *spotted fever*, and the canker rash, most frequently destroy the sense of hearing." "Out of one hundred and ten cases, about sixty (or more than half) were ascribed to attacks of fever, and two thirds of these to scarlet and spotted fevers. Other cases were ascribed to various diseases, as the smallpox, measles, inflammation of the brain, whooping cough, &c.; and to accidental causes, as the discharge of cannon, sudden falls, blows on the head, &c." To these might be added a not infrequent cause, viz. a sudden check or suppression of the perspiration. The result of the observations of the director of the Ohio Institution, corresponds with the above statement.

Respecting the occurrence of deafness and dumbness in *several* members of one family, Mr. Burnet remarks, p. 118, that "four families contained each *five* deaf and dumb children, two contained each *six*, and one contained *seven*."* There have been several instances in which one family contained *seven* deaf and dumb children, and Mr. B. had heard of a family containing *ten*. In this respect a striking analogy has been found to exist in cases of *blindness*; repeated instances having fallen under the notice of the writer of this, in which two or more members of one family were blind, from congenital defect of vision. Congenital blindness is, however, of far less frequent occurrence than congenital deafness would seem to be from the statements in this volume. Indeed it is a fact well known to those who are conversant with the diseases of the organ of vision, that nine tenths of the cases of blindness occurring in infancy or early childhood, are the result of diseases commencing subsequent to birth (in some cases a few days only), which terminated in the loss of vision, from neglect or mistreatment. Amaurosis and cataract are the most conspicuous in the class of congenite diseases of the eye. Congenital staphyloma is more rare, although well attested cases of this disease have occurred not infrequently.

Respecting *hereditary deafness*, or deafness transmitted from parent to child, our author remarks that "deafness, though so frequently afflicting several members of the same family, does not seem to be as frequently transmitted from parents to their children. Only two cases are cited by the directors of the Hartford Asylum, in which parents who were deaf and dumb, have had deaf and dumb children, although more than twenty

* In these cases the deafness was in all probability *congenital*.

of the former pupils of the Asylum have become heads of families. In one of these instances, the father and four of his children were deaf and dumb; in the other, the father and two of his children."

The instance of persons who were deaf, dumb and blind, is familiar to many. The whole number of this truly unfortunate class does not exceed eight individuals.* "In only two of these cases was the deafness and blindness from birth." All these have occurred within the last thirty or forty years.

Respecting the cases that have occurred in Ireland (stated at three or four), the Committee of the Irish Institution at Claremont, near Dublin, state "that they have all been the consequence of that scourge, which prejudice would still inflict on the human race, smallpox."

The consideration of the above facts induces us to express a hope that *physicians* will make it a point of duty to investigate carefully such cases of deafness and dumbness as may present themselves to their notice, and give to the medical public the results of their inquiries. By so doing, they may throw some new light upon the hidden and obscure causes of so great an infirmity as deafness, and remove—at least in part—the imputation that diseases of the ear have not received the degree of attention from the enlightened and philanthropic medical profession, which their importance to the well being and comfort of the community demands.

Boston, May, 1835.

REVIEW OF CERTAIN CASES OF FRACTURE TREATED AT THE PENNSYLVANIA HOSPITAL IN 1834.

BY JOSEPH A. GALLUP, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

[Concluded from page 237.]

It is not a little surprising how easily extensive injuries of the head are manageable, when there is free vent given, and the atmospheric pressure admitted to assist in keeping up an equilibrium of circulation. Besides this, it would seem that the irritation in the integuments from the incisions in the scalp, assists to transfer the internal irritation to the surface, and by this transfer of local irritation to another texture, renders the irritation of the brain less impressive. It will be insisted on, that excess of inflammation may be quite surely suppressed when free vent is given to the internal pressure and congestive state of the cerebral organs. In no instance has the writer had a case of this description go wrong in the after treatment. A small fissure, even without depression or effusion, is liable to inflame, and the case is also liable to a greater danger from inflammation and its sequences, than a large fracture with depression and effusion of blood, where incisions have been freely made and the trephine used.

However, in order to insure success, this instrument ought to be early used in every case in which it becomes necessary. At the onset, in bad cases, it is never necessary to wait for the reactive processes; for most

* Many of the deaf and dumb, however, are blind of one eye.

commonly, the exhaustion of vitality depends on inability of nervous energy from the compressing force, and as soon as this is removed the restorative processes take effect ; and furthermore, the stimulations made by the operation itself are the surest and safest means of exciting the instinctive energies of the system. The longer a case is delayed, where depression and effusion exist, the greater will be the engorgements, and the more will the part be assuming the inflammatory processes, and the recuperative powers less liable to take effect.

Having had no opportunity of reading Dr. Spurzheim's *Observations on the deranged Manifestations of the Mind* until within a few days past, although the book had been in my hands for more than a year and a half, it was gratifying to observe a coincidence of reflections on these subjects, in part at least. This author mentions M. Foville, whose writings have never come to my view, having advanced a new method of treating phrenitis, viz. by having recourse to the trephine. The entire object of M. Foville seems to be the admission of atmospheric pressure. See p. 242, M. C. & L.'s ed., 1833. Dr. Spurzheim made the following suggestions :—" I am disposed to think this method deserves consideration and trial, considering the fatal tendency of the disease. I have often been surprised to notice that severe blows on the head, which fractured the skull to such a degree as to make it necessary to remove considerable portions of it, *have been followed by no bad consequences* ; while, on the other hand, I have frequently known slight blows upon the head, which in some instances have not fractured the skull at all, and in others only the outer table, *to be followed by inflammation and other alarming symptoms and death*. I am therefore of opinion that an opening in the skull might be beneficial in such cases."

However, it may be noticed, that in the instance of *phrenitis* the trephine might as well be interdicted, for there is scarcely a probability it will ever be employed seasonably to save the case, or before unrelievable organic changes have taken place. Notwithstanding, in the instance of injuries of the head giving origin to a train of similar phenomena, it may be used as a prophylactic remedy to the safety of thousands.

Epilepsy has been known to follow the use of the trephine, probably from a thickening of the cranial bones ; yet, however, there are not so many cases of this as from a neglect of this instrument in recent injuries of the skull. Some cases of traumatic epilepsy have been cured, by the operation, of long standing, in which it had been omitted at the time of the injury ; one recently by Dr. Dudley, and this gentleman seems to have used this remedy in five other cases of epilepsy with decided benefit. It has been used by Mr. Cline and others, and there appears to be little room to doubt but the operation might be often useful in many chronic cases of diseases of the head, if it should be inadmissible in the highest grades of deep-seated inflammation.

In illustration of the foregoing suggestions, the writer feels inclined to take a short review of some adventurous cases that have occurred within twenty years past, and which are vivid in recollection in all their essential points. His present location, however, deprives him of the benefit of references, they having occurred in the county of Windsor, Vermont. They will be related in the order in which they occurred.

CASE I.—A child, a year and a half old, fell from a table on to the floor, and touched on nearly the centre of the left parietal surface. There could scarcely be discovered a contusion, and certainly no ecchymosis or any tumefaction. All that gave the case any importance was a complete *paralysis* of the whole of the right side of the body. On using a delicate tent, a strong presumption arose that there might be a fissure. Upon balancing all the circumstances of the case, our determination was to lay the cranium bare. This being done, a fissure did appear, about one and a half inches long, but not a drop of effusion. The next suggestion was, that there possibly might be some effused blood beneath the skull, which might produce the hemiplegia of the opposite side. A button was taken out ; but the dura mater exhibited the fairest aspect, without any appearance of effusion. However, the result was, the next day the child began to move his limbs, and in three days the paralysis was entirely gone, and the wound gave no trouble. *Query*.—Could this have been a case of congestive paralysis, on account of the exhaustion of nervous energy from the blow, and were the stimulations of the operation useful in exciting absorption ? And again, would not the operation be more efficient for this purpose than simple scarification, with even cuppings and leechings ?

CASE II.—A man, aged about 30 years, fell from his horse at full speed. He had the usual symptoms of concussion ; but no material injury could be detected where it appeared he struck the ground, at the anterior margin of the right parietal bone. He inclined to sleep, but could be roused, and sometimes answer correctly. He had low fever succeed, with signs of sub-inflammation. He was repeatedly bled, purged, with a moderate use of all the lowering treatment for *three weeks*, and all without any apparent benefit.

It was now determined to use the trephine, whether we might discover anything preternatural or not. A button was taken out, after making a free incision, as nearly as we could on the site of the contused part. Nothing more was discovered than would have been on the head of any well man. However, note the sequel ;—by the next day he showed some signs of amendment, and from that time gradually recovered. It might be noted, in conclusion, that this man has constantly attended to business, but it is the general opinion that he does not possess the clearness of intellect he had before the injury.

CASE III.—This was a more recent case of a laborer, aged about 28 years, who fell from the high beam of a barn fourteen feet on to the floor. He was comatose for an hour or so, and was then attacked with almost incessant, and unrelenting epileptic convulsions. He scarcely had time to have the froth wiped from his mouth, and catch a little breath, before he was attacked again. He continued in this situation about eight hours before seen by me, at 9 o'clock in the evening.

In this case no material injury could be discovered either on the head or elsewhere, only a slight contusion on or about the lambdoidal suture of the right side. There was but little tumefaction, and no signs of a depression. He was now bled freely ; and in about half an hour bled again, yet with some difficulty on account of the muscular agitations. No medicine, or anything else, could be swallowed. In about an hour from

first seeing him, it was determined to perform the operation. A free incision was made in the integuments through the confused part, and a button taken from the posterior verge of the right parietal. It was effected with some difficulty and delay, on account of a bad light, and the almost incessant agitations, yet no accident happened. There was no trace of a fissure, nor effusion on the dura mater; however, as this stood prominent, it was punctured, but no effusion beneath.

It was noticed before, or whilst the wound was dressing, that the convulsions were not so strong and constant as they had been. After the wound was dressed, he had only two slight epileptic spasms within the first hour, and then slept until morning. He then awoke and showed some signs of intelligence. He was seen by me only once after; did well in all respects, and in a few weeks came seven miles on foot merely to see me, and thank me for my attentions to him. After the operation, a physician present stated he had known a similar case in an adjoining town, which had been relieved in a like manner by the operation, and this is all I can say of that. Whether the operation in this case had an influence in effecting a subsidence of the convulsions, or whether they were merely coincidents, others may conjecture as well as myself.

Lowell, Mass. May 5th, 1835.

PROLAPSUS UTERI AND PESSARIES.

IN the following communication from our friend, Dr. Brewer, the reader will discover that an important instrument has been devised, of incalculable value to a large class of sufferers, for whom the physician prescribes with less advantage, ordinarily, than for any of those complaints originating in mere physical debility. There is something philosophical in the plan of treatment, and several of the most eminent practitioners in Boston speak of it in decided terms of approbation, having demonstrated the utility of this pessary in some of those perplexing cases of prolapsus which seemed to bid defiance to all skill. Having inspected the instrument ourselves, and learned from others its admirable success, we unhesitatingly recommend it to the patronage of our medical brethren. It is on sale at Messrs. Brewer & Brothers, No. 92 Washington Street.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following remarks on the subject of Prolapsus Uteri and Pessaries are acceptable, please insert them in your valuable Journal.

I was led some time ago, by the number and variety of pessaries inquired for and sold, to reflect on the question, whether those in common use were the best adapted instruments that could be contrived to effect the intended purpose. The first idea that suggested itself to my mind was, that they were unnecessarily heavy, and tended by their weight to aggravate the disease. In consequence of this suggestion, I made some cork pessaries, and varnished them so as to prevent the absorption of moisture. In this way I obtained one of three inches diameter, which weighed only 156 grains, whereas the French elastic pessary, which is the lightest of the common form, and of the same diameter, weighed 491

grains. I thought this at that time a considerable improvement; but not being exactly satisfied that I had arrived at the ultimatum, I read all that I could conveniently have access to on the subject, and found that cork pessaries had been used both in England and France, but could not find that the results from their use had been very satisfactory.

Some time after this, a man from the country called on me to get a pessary, but wanted one over five inches diameter, as one of less size, he said, would be of no use. As I had never seen or heard of one so large, I inquired of him whether one of the size inquired for had been used from the commencement of the case. He answered that he began with one about two inches in diameter, but had found it necessary, from time to time, to continue increasing the size, until one of the enormous dimensions now called for was necessary. I inquired also in relation to the general health of the patient, who was his wife, and he informed me that she had been confined most of the time for ten years past in a recumbent posture, and was entirely unable to do any work. He further stated that she was now extremely emaciated, that her appetite and digestion were much impaired, and that, in short, both she and himself utterly despaired of her recovery, but were willing to try any experiment that offered the least prospect of even temporary relief. I thought this case spoke volumes on the subject which I was desirous to investigate. It appeared to me, that at least in this case the pessary had been instrumental in increasing the evil it was designed to remedy. My theory on the subject was as follows. If the pessary supports the uterus, it must first be supported itself. Now how is this effected? Evidently, if the pessary be of the common form, it must be retained in its place by the combined elastic and muscular force of the vagina. The muscular action cannot be perpetual, and when it is tired out, you want a larger pessary, and you thus go on dilating the vagina and rendering the descent of the uterus more easy, instead of curing the case. It may be objected to this theorizing, that some cases of prolapsus do get well under the use of the common pessary. To this I would answer, that youth, a good constitution, the "*vis medicatrix naturæ*," or medical treatment, directed to the improvement of the general health of the patient, singly, or a combination of these circumstances, cures the disease in spite of the common pessary.

We will now lay aside theorizing, and proceed with the case in hand. The man asked me if I could not contrive something better than the common pessary. I procured for him one of boxwood, with a straight, hollow, cylindrical stem, and directed him how to have his bandages made and how to attach them to the pessary so as to obtain an *external* instead of the common *internal* support, and requested him at a convenient opportunity to inform me of the result obtained by its use. I saw him about five months afterwards, and he informed me that his wife had perfectly recovered her general health, and was fat and hearty and as able to work as anybody—and further, that the local disease was entirely removed, and that she now went without any pessary at all. The diameter of the pessary used was about 2 1-4 inches. His wife was willing to have the case reported, but from false delicacy was unwilling to have her name used.

At the time I contrived the above-mentioned pessary I did not know, although I now know very well, that pessaries of similar principles and construction had been before used.

I have now made an additional improvement, as I think, in giving the lower part of the stem a curved form, thereby preventing any irritation that might arise from sharp edges or corners.

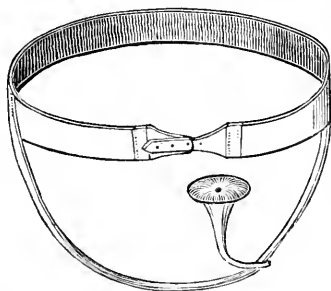
I contemplate making further improvements in the construction, and have now several new ideas, waiting mechanical execution.

Yours, respectfully,

NATHANIEL BREWER, M.D.

Boston, May 15, 1835.

The following cut of the above-mentioned pessary is so plain that it at once explains itself to a medical man.



BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1835.

DENTAL CHARGES.

Our readers will recollect a reference which was made a few weeks since, in this Journal, to a lawsuit in this city, in which it was contended by the defendant, that a distinguished dentist of School Street, Dr. Bemis, had brought an exorbitant charge for his professional services. Within a few days we have been put in possession of all the main facts in the case, illustrative of the point at issue, and in giving them to our readers we feel constrained to say that there does not exist a more high-minded, talented and honorable class of men, than the dental surgeons of Boston. In the plaintiff's letter to his counsel, given in connection with the testimony, which we deem of sufficient importance to republish without abridgment, it will be seen that Dr. Bemis has made advances in his profession, wholly unnoticed by authors. Though he has in this instance failed to sustain a claim to what he honestly considered a just compensation for his services, it will have a tendency, in the sequel, to methodize the fee bill, a thing devoutly to be desired in this metropolis. Were the dentists to form themselves into a distinct society, as has recently been done in New York, they would all act harmoniously, mutually benefiting each other, and alike contribute to the elevation of the profession.

Our correspondent says—The case was tried in the Court of Common Pleas in this city. The parties were Dr. Samuel A. Bemis and Mr.

Samuel Phipps, and the action was brought to recover for services in dentistry done by the former for the latter and his family. The whole bill was twenty-nine dollars and seventy-five cents; of which an item of twenty dollars was the only subject of dispute. This was for a surgical operation on two of the teeth of the defendant, which had been broken off by an auctioneer's mallet, while attending an auction in New York. The defence set up was that the charge was exorbitant, and several dentists were called as witnesses.

Dr. Harwood testified that some time after this operation, he examined the jaw of Mr. Phipps, and put in new teeth, and so far as he could learn from inspection, he thought that what was done was of a temporary character and calculated principally to relieve the patient from pain. He supposed it could have been done in thirty minutes, and that from \$3 to \$5 would be a proper charge. The usual charge for mineral teeth was \$10 each, and this was what the defendant paid him for the two which he inserted.

Dr. Keep testified that from the account given by Dr. Harwood of the operation, he should think \$3 a reasonable charge. This was what he had for filling teeth, and did not think this was more difficult.

Dr. Parsons thought he should charge nothing to his regular employers for such an operation, but to a stranger he might charge \$2 or \$3.

Dr. Greenwood said he had been a dentist forty-six years, during all which time the charges in that profession had been growing higher. He could not keep up with the age. For such an operation he should charge nothing.

Mr. John B. Jones certified that Dr. Bemis lived with him and was engaged in the business of watchmaking twenty-five years ago—that he was a self-educated man—had been in his present profession seventeen years, and had met with good success.

The defendant brought into Court the sum of \$15,50 in full for the bill, and the jury decided that that sum was sufficient.

All the witnesses except Dr. Greenwood certified that they charged from \$2 to \$3 for filling teeth.

William Brigham, counsel for plaintiff; Ellis Gray Loring, for defendant.

Boston, April 15, 1835.

William Brigham, Esq.

Dear Sir,—The principal *surgical* and *dental* operations, alluded to in Samuel Phipps's bill, submitted to you for collection, are, *first*, *extraction* of the *nerve* and other central vascular substance of the upper *canine tooth* of the right side of the upper jaw. This was an operation to relieve *patient* (Sam. Phipps) from *extreme suffering*, occasioned, as he said, by the stroke of an "auctioneer's mallet," which broke off the crown of his 2d eye tooth (and also its neighbor's), by a *cross fracture*, something as represented by the accompanying drawing in outline, which is a side sectional view of the eye tooth.



The *second operation* on this useful organ, the eye tooth, was for the purpose of the more effectually preventing farther *inflammation* of the *nerve*, and also to prevent *ulceration* of the *lining membrane* of its *socket*. My long experience in this operation (13 years), and the high tone of praise that has been so repeatedly elicited by it, and from many, I may be permitted to add, of the most intelligent individuals in the Union, must long ere this, it is humbly believed, put every doubt as to the efficacy of the operation entirely out of the question. The fee for this operation alone (when it has been done for

the well-informed), has uniformly been ten dollars—and, what is of far more value, the usual accompaniment of politeness in generous expressions of thanks. This *second operation* is not, to my knowledge, laid down in any of the dental works, nor is it done by the other dentists, so far as I am informed.

The *third operation* on said eye tooth was for the *replacement* of its broken *crown*; an operation too well known to require description.

The *three operations* here spoken of were also performed upon the upper right lateral *incisor*, which, as suggested above, was broken at the same time with the eye tooth; vide figure—a side view of the lateral incisor.

The other operations named in the *bill* are sufficiently described, it is believed, to be understood. Very respectfully,

Your obedient servant,

S. A. BEMIS.



THE DEDHAM EPIDEMIC.

HAVING received the following appendix to the report in our last number upon the late epidemic at Dedham, which could not with propriety be deferred another week, we have been reluctantly obliged, in giving it an insertion, to postpone a variety of interesting medical intelligence.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The last week there died at the Woollen Factory at Dedham, a boy, about 12 years of age, who was among those taken sick on the 11th and 12th of April. Diarrhœa had occurred in his case more than in most of the others. The cerebral symptoms were strongly marked in the latter part of his disease. I did not see him after April 26th; on that day his symptoms did not excite so much alarm as those of two others, who are now convalescent.

Dr. Putnam saw him on the 21st of April, when he noted the following symptoms, viz. great thirst, pain in stomach and bowels, abdomen full and firm and somewhat tender on pressure; drowsiness, with occasional wandering, as reported by nurse. On the 24th also Dr. P. saw him, and then found the skin warm and moist, face somewhat flushed, lips dry, teeth covered with sordes but not dry, pulse 102, respiration 36, slight cough, occasional pain in the head, buzzing in the ears with some deafness; he learnt also that the boy talked in his sleep, and that he had epistaxis early in the disease, not afterwards. The patient had not diarrhœa at the period of either of these visits. At the last visit he had sudamina distinct, and some rose pimples not very distinct.

At the invitation of Dr. Stimson my young medical friends went out to attend the autopsy, on May 15th, and I have just now received the notes of it from Dr. J. B. S. Jackson; these I subjoin.

Externally.—Rigidity moderate.

Head.—Very copious effusion of clear serous fluid under the arachnoid; this membrane itself, over a considerable portion of the convexities of both hemispheres, had an opalescent appearance and felt thick and firm, especially toward the longitudinal sinus; moderate quantity of blood in veins of pia mater and in sinus. Brain unusually firm, with some increased quantity of serous fluid in lateral ventricles; otherwise healthy.

Chest.—One or two ounces of clear serous fluid in each pleura, but

no lymph, nor adhesions. Lower lobe of right lung in the first stage of inflammation; the posterior part of the middle lobe, generally, in the same state; but in a few points of this lobe the inflammation had passed to the third stage, yet no red hepatization was found; the bronchia contained a considerable quantity of puriform mucus, perhaps pus, and their inner surface appeared quite red. Otherwise the lungs were healthy.

Abdomen.—A few ounces of clear serous fluid in the peritoneal cavity. Stomach not distended; contained a considerable quantity of transparent mucus; some cadaveric softening of mucous membrane towards left extremity; no “mamelonnement.” Small intestine of moderate size, except in upper part of ileum, where it was contracted; contained a considerable quantity of mucus, more or less mixed with some thin fluid, and deeply colored with bile; several of Peyer’s glands in the jejunum, and one of them quite high up, were in a state of acute inflammation, though in a slight degree—that is, they were thickened, of a reddish color, and somewhat soft; in the last six feet of the ileum were very numerous ulcerations, getting more so and larger towards the termination. A remarkable peculiarity in this case was that, for the most part, the ulcers did not appear to be in Peyer’s, nor in Brunner’s glands, but in the mucous membrane proper; these ulcers were, more or less exactly, circular; on an average more than a line or two in diameter; and scattered very irregularly; several were from three to five lines in length, of a lenticular form, with remarkably defined edges, a clear surface on which the muscular fibres were seen, and showing as complete a loss of substance as if a part had been punched out; around these there was no thickening, nor redness, but around the smaller ulcers there were. Just on the cæcal valve were two irregular ulcers, and a little higher up another, which were perhaps equal to two thirds of an inch square, and the upper one had, attached pretty firmly to it, a sort of scab of a yellowish brown color and firm consistence; within a few inches of the valve were two or three patches of Peyer’s glands, which were not much, if at all, more inflamed than those in the jejunum, certainly not ulcerated, except that one of the ulcers partially encroached upon one of them, leaving the greater part of it unaffected. There were not seen any of Brunner’s glands; whether the small ulcers had their origin in any of these glands could not be decided by any anatomical evidence. The large intestine was of a moderate size and contained, here and there, small quantities of soft, light-colored, healthy feces; towards the left side were a few ulcers, of which one measured four lines in diameter and had on its margin two small ulcers; the margin of this larger ulcer was not thickened, but the small ones were seated on and surrounded by thickened parietes. The mesenteric glands opposite the ileum were enlarged, of a dull, red color and friable, but much less so than in the other fatal case of which an account has been published; in one of these glands was observed a small point, in which suppuration had commenced. The liver was healthy; the gall-bladder was filled with liquid, orange-colored bile. The spleen was enlarged, but in color and consistence natural. Kidneys and bladder healthy; this last strongly contracted and nearly or quite healthy.

This patient is the third who has died among those, of whom I gave you an account on the 8th instant; and the second, if we do not include the first fatal case on the fifth of April. It is thought, or was when I last heard from Dedham, that those who remain sick will recover. Among the convalescents are two, who appeared on April 26th more sick, and one of them much more sick, than this boy.

I have abstained from comment on this family epidemic, if it may be so called. It is better to wait for facts respecting fever, confined to a particular house, as often happens, before we begin to make inferences. Some facts relative to such limited diseases I published in the *New England Journal of Medicine* several years ago. It is to be wished that those who witness such instances of disease, would furnish us more minute histories of them, than I have been able to give now, or than I did give then.

Yours, respectfully,

J. JACKSON.

Boston, May 22d, 1835.

Annual Meeting of the State Medical Society.—At the hour of 10 o'clock to-day, the fellows will assemble in this city for the despatch of business. From appearances, thus far, there is a prospect of a fair representation of the medical interests of the Commonwealth. As far as possible, we shall report, in the next *Journal*, in a condensed form, all that may be of consequence to the profession; reserving for future consideration the weightier matters usually growing out of the doings of a public body.

Table of the Arteries.—One of the most industrious laborers in the vineyard of medical science in this country, is Dr. A. S. Doane, of New York. Scarcely a week passes by without the announcement of a new production from his pen. Before us is a folio table of the arteries, translated by that gentleman from the French of Chaussier, so systematized, that to the student it must prove exceedingly acceptable. Were a few copies left on sale at this office, they might possibly find purchasers.

Smallpox.—Cases of smallpox have occurred, says our correspondent, Dr. Handy, in the vicinity of Westport, Mass. At New Orleans, too, at the last dates, the same disease existed; in addition to which, the cholera, that scourge which still lurks upon the borders of the land, has occasionally developed itself. A case also occurred in Dorchester, Ms. on the 25th.

Massachusetts General Hospital.—Dr. John B. S. Jackson has received the appointment of Assistant Physician, an office recently created in this Institution.

Preparations of Mercurial Ointment.—M. Derby, a pharmacien of Crepy, has published a formula for preparing this article, much superior to the old method. First, melt the lard and pour it into a large vessel, to be afterwards placed on a hair sieve, in a dry place, out of the reach of dust. At the expiration of fifteen or twenty days, it will readily mix with seven or eight times its weight of mercury: the more rancid it becomes, the greater is its power for combining with the metal. If kept a few months, it will readily incorporate with thirty-two times its weight of quicksilver. To the apothecary, this simple discovery must prove highly advantageous, as the present mode of making mercurial unguent is the most tedious, if not vexatious of his manipulations.

Multum in Parvo.—Among other statistical paragraphs, it is said there are two thousand six hundred and fifty physicians in the State of New York. One third, at least, of this number, are supposed to reside in the city of New York.

To CORRESPONDENTS.—Prof. McKeen's curious case of Retroversion of the Uterus, in our next.—Also a paper from our learned correspondent, on Insanity,—and one on the use of Iodine, by Dr. Hubbard, shall have immediate attention.

DIED.—In Roxbury, by suicide, Gerard Dayers, M.D. Surgeon U. S. Navy.—In Paschalville, Kingessing, Pa. Dr. Henry Paschal, in the 88th year of his age.—At Strasburg, very recently, M. Lobstein, clinical professor of the faculty of that city, of a disease of the bladder. This is the second professor belonging to that great school, who has died within about a year. Only three weeks before the death of M. Lobstein, M. Foedere, a valuable author on Medical Jurisprudence, breathed his last in the same city.

Whole number of deaths in Boston for the week ending May 23, 36. Males, 17—Females, 19.

Of dyspepsia, 1—infantile, 2—croup, 1—dropsy, 3—consumption, 5—old age, 4—lung fever, 2—apoplexy, 1—accidental, 1—child-bed, 1—brain fever, 1—pleurisy, 1—scrofula, 1—typhoid fever, 2—scarlet fever, 1—fits, 1—palsy, 1—liver complaint, 1—disease of the brain, 1—debility, 1—decline, 1.

ADVERTISEMENTS.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

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THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

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Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

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On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

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WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Boston, April 1, 1835.

MEDICAL NOTICE.

A PHYSICIAN wishes to purchase, in some pleasantly located town, in which there is good society, the stand and business of a gentleman who could introduce him successfully to his routine of practice. As he has a small family, a moderate establishment as it regards buildings on the premises to be sold, would only be necessary. Address to the editor of the Medical and Surgical Journal, post paid, who will furnish the address of the advertiser.

May 23, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$1.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JUNE 3, 1835.

[NO. 17.]

CASE OF RETROVERSION OF THE UTERUS.

BY JAMES M'KEEN, M.D. PROF. OF OBSTETRICS, ETC. IN BOWDOIN COLLEGE, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is the only one of the kind which ever occurred in my practice, and I do not remember to have met with the description of one of a similar character. Should you think it deserving of a place in your Journal, you are at liberty to publish it.

On the 22d of October, 1833, I visited Mrs. B. of the town of B——, at the request of her husband, in consultation with G. W. Tinker, M.D. who was a physician in the neighborhood. Mrs. B. was a brunette, 36 years of age, of a frame and stature exceeding the ordinary size of women, and had been healthy, vigorous, and fleshy. Between three and four months before this, she had been delivered of her fourth child. She had never been well since. Her bowels were in an unnatural condition, she was troubled with difficulty in passing her urine, and complained of pressure in the hypogastric region, and through the pelvis to the inferior extremity of the os coceygis. Supposing that there might be a *proci-dentia uteri*, I suggested to Dr. Tinker the expediency of resolving the uncertainty by an examination. The patient not choosing to comply with my request, I declined assuming any responsibility in the case. In three or four days another physician was consulted, who thought the patient laboring under a stomach difficulty, and a disorder of the alimentary canal; and his opinion corresponding with the views of some of the lady's friends, he was retained as the attending physician. After an attendance of three months, this gentleman discontinued his visits. Not finding herself essentially better, she yielded to the solicitations of some of her friends and employed in succession a variety of quacks of every hue and character. These bloodsuckers successively drenched their too credulous patient with their farrago compounds of an empirical pharmacy, until she became convinced that if her disorder was in the blood, and *physicking* could procure the ejection of its impurities, it was high time for her to be well again. About the middle of April, 1834, and nearly six months subsequent to my visiting her, I was requested by Capt. B. once more to make his wife a professional call, and consented to do so with very great reluctance. Although more emaciated than when I had last seen her, her symptoms were essentially the same—there was the same pressure low down in the pelvis, and the same difficulty in procuring evacuations from the rectum and bladder. She had menstruated for the three last periods. Upon making an examination, to which no objection was now made, to my surprise, instead of a *proci-dentia uteri*

which I expected to have found, I discovered a *retroversion* of the uterus. The fundus of this viscus was reflected upon itself, and against the rectum, and was impacted below the salient portion of the sacrum by an accumulation of fecal matter above. This position apparently explained the long-standing difficulty of procuring evacuations; when the pressure was for the most part posteriorly, the passage from the bowels would become obstructed, and there would be the more room for the passage of the urine. On the other hand, when the pressure in the upper part of the rectum reached a given point, the uterus was thrown more anteriorly, and then copious evacuations followed from the bowels, but scarcely a drop of urine would pass in the 24 hours. After reflecting upon this singular case, it seemed to me evident that the uterus had been in this strange predicament for nearly nine months.

In what manner, it may be asked, could the uterus have been thus displaced? I have too much confidence in the skill and integrity of Dr. T. to suppose it was owing to any fault of his during her labor. I can offer no better explanation of it than to suppose, that during her convalescence, and before the uterus had reacquired its natural size, a casual distension of the bladder had caused the retroversion. The posture, too, of the patient, lying upon her back, would tend to produce the same effect; especially as the pelvis was large, and the uterus could not receive that support which a compact and well-formed pelvis, and of the standard dimensions, would have afforded it.

Treatment.—The bladder and rectum having been completely evacuated, I introduced my finger into the vagina, and attempted to raise the fundus upward. I could succeed in pushing it up to a very considerable elevation, yet it immediately returned again on withdrawing the support. I next passed one finger up the rectum (where I had a better opportunity of acting on the fundus), and pressing the fundus upward, while with the index of the other hand I drew downward and backward the neck of the uterus. I failed, however, and every subsequent attempt was but a repetition of defeat. As there was a great deal of tenderness and pain, caused in part by my attempts to reduce the position of the uterus, I ordered a few leeches to be applied from day to day until I saw her again. I had also the lower part of the sacrum scarified, and cupping glasses used, and directed an *enema* of salt and water to be used at least as often as once in 24 hours. After an interval of a few days, I again visited my patient. The position of the uterus was unchanged, yet there was less tenderness of the parts, and she expressed a decided relief from the local abstraction of blood. I made several attempts at this visit to rectify the position of the womb, but with no better success than before. Tired of being foiled, I at length desisted, and gave directions to be on the alert, not to suffer the rectum and bladder to become surcharged by their contents; in hopes that the uterus, if freed from the embarrassment of its collateral viscera, might become more disposed to assume its proper direction.

For several months past this lady had experienced occasional hæmorrhages from the uterus, and about the latter part of April she experienced a repetition of it. I was called at the time, and supposing that something might have escaped from the uterine cavity, or was about to be expelled,

I made an examination, but everything remained *in statu quo*. Two or three times between this and the 10th of May, I visited this patient, and never left the house without attempting to raise the fundus of the uterus into its proper position, but in vain. The peculiar character of the case made it one of extreme interest to me. She was apparently diminishing in strength and wasting in flesh every day. She was harassed by a great multitude of morbid sensations, the progeny of an irregular hysteria, and dependent in a great measure on the distorted position of the uterus. Early in May, Doctor Sweetser (then lecturer on the Theory and Practice of Physic in the Medical School of Maine, and formerly lecturer in the same department in Jefferson College, Philadelphia), saw this patient with me. He made the attempt to rectify the position of the uterus, but with no better success. He coincided with me that the uterus had probably been in its then condition ever since or soon after the birth of her last child.

I had conceived the idea that if a temporary restoration of the uterus could be effected by any mechanical means, so that impregnation might follow, the uterus would rise above the superior strait of the pelvis as soon as it had acquired the requisite size, and assume its natural gestative position, and thus ultimately, with due caution, a cure might be accomplished. A variety of modes were proposed and discussed with my colleagues, Drs. Mussey and Sweetser. As my patient lived at a distance of eight or nine miles from me, it was impossible to pay her that attention which her case required, unless I abandoned all other business. After stating the case to her, I prevailed upon her to be carried to Topsham, and she arrived here about the 12th of May. The first trial was as follows. She was placed on the left side, and the hips somewhat elevated. By the finger in the vagina, the fundus of the uterus was raised upward as far as possible; then a piece of sponge somewhat larger than a hen's egg, and slightly moistened with a diluted solution of chloride of soda, was pushed to the upper and posterior part of the vagina. After lying an hour, she was permitted to get up. This afforded some relief; she could both stand and walk better—there was a decided diminution of that oppressive bearing down sensation. This sponge was withdrawn every day, and another introduced. On the 20th of May she expected her monthly period, and it was punctual to the day. During the flow of the menses the sponge was withdrawn, and meanwhile an undeviating recumbency was enjoined. As soon as the menses had passed over, the sponge was replaced again as usual.

After the sponge had been used for eight or ten days, I determined to make trial of the *pessary*, believing for several reasons it promised a better probability for ultimate success. First, because the sponge must be removed and replaced every day, while the pessary would not require such assiduous attention. Secondly, because the pessary would for obvious reasons be less incompatible with the prospective pregnancy of my patient. After trying two or three pessaries, I found one apparently well fitted for our purpose. It was as carefully introduced as it could be, and the neck of the uterus brought down through the central aperture, and an injection of acetate of lead directed. After a trial of some days, I felt convinced I could devise nothing better. She could stand and

walk about better than before, was in better health and spirits, and her flesh had more density. Still the fundus of the uterus, although very much raised, continued to rest on the upper and posterior margin of the pessary.

Being now desirous of returning home, she wrote to her husband, and on *Saturday, the 31st of May*, he arrived in town, and she returned with him to her family the same afternoon. There was no recurrence of the catamenia at its ensuing period, and with each succeeding week she was assured, by a constantly multiplying evidence, that pregnancy had positively taken place. During the last summer, although she occasionally attended church, walked abroad, and occupied her mind with a general superintendence of her domestic concerns, yet she was harassed by a variety of neuralgic pains and morbid sensations, and once by severe suffering for three or four hours during the passage of a small calculus through one of the ureters, weighing about three grains. On the 16th of August the uterus was found to have become erect, and so far enlarged by pregnancy as to be entirely above receiving support from the pessary—it was therefore cautiously withdrawn. On the 23d of February last, it being *8 calendar months and 24 days* from her return to her family, she was safely delivered of a fine boy. I did not allow her, after delivery, to take any position but upon one side or the other. On the 25th of the following month I made an examination of the uterus, and found it contracted to its natural size, and its position every way as it should be. It is now about three months since her delivery, and she has gained in flesh and strength, yet calls herself very feeble. I think I should feel justified in giving her assurances of recovery of health, since so very material a cause of suffering is wholly removed. Endowed with a large portion of vitality by its bountiful supply of nerves and bloodvessels, and taking rank among the first class of viscera by its extensive influence over the female health, it may well be supposed that the uterus of my patient will require a long time to forget its recent *reverses*, and not feel disposed to pass over all at once, in the most quiet manner, the late and unnatural violence inflicted upon its sensibilities.

Topsham, Maine, May 16, 1835.

INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

IN the London Medico-Chirurgical Review for Jan. 1835, p. 256, we find the following sentiments from Mr. Guthrie, the distinguished lecturer in the Westminster Hospital.

“Mr. Guthrie first expressed his satisfaction at having a case which would complete the picture of maniacal symptoms supervening on injuries of the head, which he had drawn to them a few evenings before, when on those injuries, in his general lecture, and which he had said were rare. In this case, the man, Samuel Charles Deacon, æt. 37, was admitted Nov. 17th, at night, having fallen from a height on his forehead, which was much bruised about the right frontal eminence, although no fracture could be distinguished. He was a good deal stupified, on being brought into

the hospital, but was capable of being roused when spoken to sharply. He was bled to sixteen ounces from the arm, and had a cathartic dose, which was repeated till the effect was produced. He was bled again to the same extent, and the purgative medicine was repeated from time to time. The second blood drawn was buffed; pulse 100, soft and regular; pain in his head slight. Ordered to be shaved and cold applied. He lies in a state of indifference to all around him, but returns an answer when roused; mutters in his sleep at night.

"On the 21st, at night, he began to be restless, wandering and noisy, so that at last he was obliged to have a straight waistcoat put on; discharged his fæces involuntarily; pulse frequent, but soft; pupils sensible to light and not dilated. A blister was applied between his shoulders. I saw him on the 22d, and at first sight said, '*This is one of the very cases I have been speaking to you about. This is not phrenitis, but maniacal delirium, and depletion will do HARM; the loss of sixteen ounces of blood will probably kill him, whilst an opposite treatment may be effectual.*' He was sitting up in bed in the straight waistcoat, and trying to get out of it; talking very incoherently and unconnectedly, but seems to be able to attend and to reply when spoken to sharply. The pulse quite regular, soft and without power. I directed half a grain of muriate of morphia to be taken immediately, and a grain to be administered at nine at night; after which he became more tranquil and slept, although at intervals he was noisy. The next morning, the 23d, he was much better, the pulse being but 80 and fuller. He was purged, the cold lotion applied to his head, and the morphia repeated at night. The purgative and quieting treatment were continued till the 2d of December, when he was able to sit up and walk about, and appears quite rational; says he is free from pain in the head."

"Some time ago," continues Mr. Guthrie, "I saw a case of similar nature in this hospital. The man was bled largely, instead of having purgatives and narcotics, and died; but on examination, no signs of inflammation could be discovered in the brain or its membranes. The case is a remarkably good practical one, and should be strongly impressed on your minds. *For if you mistake the maniacal derangement, for the delirium accompanying phrenitis, the error will probably be fatal.* The peculiar vacant maniacal look was very distinct, and, as far as I have been able to observe, it is usually so."

The pathology of insanity seems not to have advanced with other improvements in medicine. The reason is obvious—the opportunities of experience to the general practitioner are very limited, and he rarely sees the ultimate result of his own prescriptions. If a patient be attacked with the symptoms of mania, and the physician is consulted, he commonly bleeds him in proportion to the violence of excitement, and repeats frequently, and in large quantities; finally, the patient becomes so violent and outrageous that he is removed to the hospital, and the physician sees no more of the case till he returns to his friends, recovered of his malady.

The distinctions made by Mr. Guthrie are very important, and truly practical. Mania, so far from being identical with phrenitis, is in a very large proportion of cases purely a nervous excitement, unattended by

inflammation. If examined in the most quiet state, when the system has not been subjected to violent muscular effort, the pulse will usually be found small, the extremities inclined to coldness, the face pale, the tongue furred, appetite irregular, and the sleep interrupted. After copious depletion, the irritability of the system is often greatly increased, the maniacal excitement becomes much greater, and the mind becomes decidedly more chaotic, and tends rapidly to a state of dementia or imbecility. One bleeding rarely produces any very unfavorable influence, sometimes does good, at least temporarily; but the rapid exhaustion of the powers of life under high maniacal excitement, should lead to some caution in the use of those remedies that diminish the stamina of the system. Local bleeding by leeches and cupping are safer, and generally quite as beneficial. It is rare that anything like febrile action accompanies mania. If inflammation attended it, would there not be fever? In such cases as have febrile symptoms, the reaction is ataxic, rarely becoming general and complete. While the head is hot, the feet and hands will be cold, and if the pulse is *frequent* and *irritated*, it is not often *strong* and *hard*.

Those practitioners who know much of insanity, often see a febrile disease of any considerable severity remove the mania at once, and convalescence from the fever leaves the patient free from the insanity. The late excellent physician of the Retreat for the Insane in Hartford, *never* bled in *mania*, and his cures bore a higher proportion to the number of cases treated, it is believed, than those of any other individual, ancient or modern. For many years they were more than 90 per cent. Doctor Burrows, the most successful of the English practitioners, does not approve of general bleeding. Pinel, Reed, and others, take the same ground. In neither of the institutions in New England is general bleeding often prescribed, or at all relied on as a remedy. It may occasionally be used as a means of removing conditions of the system connected with insanity, but rarely or never to moderate maniacal excitement. The common reports of the friends of the maniac is, "He was bled two or three times freely. After the first bleeding he was a little calmer for a time, but after each succeeding bleeding he became more furious, and we could no longer do anything with him."

The object of these remarks is to turn the attention of physicians to this subject, rather than to direct to any mode of treating maniacal excitement. A conviction that copious depletion often lays the foundation of hopeless mental imbecility in acute insanity, has been the result of some slight experience in this disease. The effect of alteratives, laxatives and narcotics, is often very happy, in cases that have derived no benefit whatever from the active depletion previously prescribed.

May 20, 1835.

W.

USE OF IODINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed some remarks in your Journal of September last, on the use of Iodine. The writer was desirous that members of the profession who had acquainted themselves with this article, should publish the result

of their experience. I had hoped ere this that some one, through the medium of your Journal, would have complied with the request.

I have used iodine for more than five years in my practice, and have no doubt that, like edge tools, it ought to be handled with care. So high were the encomiums lavished upon this article, that I entered upon its use as I did upon the use of many other articles of the *Materia Medica*, hoping it would extirpate disease, root and branch, from the system. I was, however, egregiously disappointed. In some cases of chronic inflammation, after using it several days without any apparent effect, I would gradually increase the dose; sometimes to the no small disturbance of my patient, producing powerful catharsis, or, what was worse, a kind of perturbation of head, with dizziness and nausea, troublesome as *tabacum* or *digitalis*. From the use of iodine, as well as other medicinal agents, I learned that medicines were relative in their action; that under certain conditions of the system and in certain doses, they would appear for a time like Sampson shorn of his locks—but after diseased action had subsided, or where the sympathies of the system were broken, or the article was suffered to accumulate upon the system, then, like Sampson in his wrath, with locks full grown, it would “*seize the pillars and down with the house.*”

After having been foiled and disappointed in the use of iodine, I was induced for a time to lay it aside, although I was convinced it was capable of being turned to a good account. This induced me to resume its use, and watch its effects more minutely. I had formerly used the saturated alcoholic tinct. in doses of twenty-five to forty gtt. three or four times in twenty-four hours for an adult, combined with a small quantity of water. This would often produce a burning sensation in the stomach, or extreme nausea soon after taking; and for this reason the patient was allowed free potations of water gruel, or other liquids which would obviate or prevent those unpleasant symptoms. The catharsis often following, I would check by opium, suspending the iodine for a while, and the other disturbing effects would subside after the bowels had been thoroughly evacuated. To prevent catharsis, I combined the tinct. with a small quantity of laudanum, which would effectually prevent it, and lessen its specific effects. But I was frequently obliged to suspend the article for a time, and resort to other means. I have used iodine for scirrhus, chronic inflammation and enlargements, arthritic inflammation, in some cases of sub-acute inflammation, and often in derangements of the system the sequela of acute and sub-acute inflammation. The tincture I now use is made by adding 26 grains of iodine to 3 i. off. alcohol, which I prefer to the stronger, as it less frequently disturbs the system. I also have found its external use in chronic enlargements of the joints, glandular enlargements, &c. attended with happy effect. I have used, likewise, externally, the tincture largely diluted with soft water, to change the secretions of mucous surfaces in cases of chronic ophthalmia and leucorrhœa. Sometimes the tincture undiluted was found preferable. The iodine internally, with the unguentum hydriodat potass. externally, completely cured one case of opacity of the cornea of long standing, and was successful in a single case of incipient cataract. Since I removed to this place (three years since), I have had frequent opportunity of using iodine

in various chronic affections as exhibited from time to time among the inmates of the State pauper establishment. A large proportion of the foreigners that enter this house are afflicted with some chronic disease, often of years standing ; consequently I have been in the habit of using iodine in some form almost every week of my practice. I have succeeded in many cases when other medicines have failed, though a large share of these patients will not persist in its use as directed, or will leave the house after becoming in a measure restored. In some cases of chronic rheumatism, it has done more than all other medicines in my hands ; indeed, in two or three cases, its internal and external use has succeeded after bark, guaiacum, actæa, and colchicum, have failed. In patients of hydropic diathesis of long standing, it has in two or three instances succeeded beyond my most sanguine expectations. Here I found the unguentum hydriod. potass. useful as an adjuvant. I have used iodine successfully in small doses repeated two or three times daily in chronic hepatitis, where mercury, conium, sanguinaria, and various other articles, had been for a long time ineffectually used. In these cases I ought to mention that unguentum tart. antimony or hydriodat. potass. were also employed.

Although iodine promotes digestion, restores appetite, and induces healthy action when no other medicines are used, still I do not consider it tonic in the common acceptation of the term, and see no reason why it should be so viewed. We often witness these happy effects from articles which no one would call tonic. Emetics, cathartics, and even venesection have done all this, and yet no one supposes them tonic. As a deobstruent I have found it second to no one I have used in many of the diseases mentioned. Like mercury, it needs close watching, and the system in many cases needs preparing for its use, by emetics, cathartics, general or local depletion. Tonics I have often found excellent adjuvants. I have found it well to suspend its use for awhile in many cases. I have sometimes, when wishing to make a sudden and powerful impression on a system insusceptible to it in ordinary doses, increased the dose twice or thrice, or suspended its use, and given in its stead ammon. tincture of guaiacum, or capsicum, and then commenced with a medium dose, when it would have the desired effect. I have used it less frequently in diseases of children. In scrofula, and where the mesenteric glands are involved, it has done good. From its effects in changing diseased action and promoting health by secretion when applied to mucous surfaces and phagedenic ulcers, I should suppose it might be useful in many cases where nitras argenti or nitras hydrargyri are indicated. I might mention cases where I have used it for months before any decided effects were produced, but at last was gratified to witness a restoration to health. In many cases it has done no good (and perhaps no positive injury), where I have varied its doses and used such adjuvants as I thought were indicated. After all, it is no panacea.

I have used it in a single case of chorea, which I will copy from my case-book without note or comment.

S. C., æt. 16, robust constitution ; has always enjoyed good health ; was growing rapidly. Patient, three weeks since, observed a tremor of his left hand, which soon disabled him from using it. Spasms increased

and extended to the head, and affected the muscles of the ear, eye, mouth, side and leg of the left side, while the right side continued free from spasm, but not a sufficient ballast for the left. Patient unable to stand or sit without clinging to something for support. Pulse 40, intermittent; tongue slightly coated; appetite and digestion good. Difficult to tell the cause; perhaps extraction or irritation of a tooth, or fatigue. Prescribed drastic purgatives with calomel, which were continued for some time, producing four or five evacuations daily; also frequent unguent. tart. ant. to be rubbed upon the spine of the neck (one or two of which were tender to the touch.)

Oct. 1.—Patient no better, although purgatives and counter-irritants have been constantly used. Pulse, tongue, and appetite, as before. Prescribed R. Ext. conium, 3j. Ferri Rub. Oxyd. 3ij. M. f. No. 60. Take two, three times a day.

12th.—No better. Discharges from the spine continue; slight narcosis from the pills. Prescribed Liq. Ars. Potass. 6 gts. in place of the purgatives, three times a day.

18th.—Pulse 50, more regular; tongue natural; spasms continue as before. Continue Liq. Ars. Potass., and take in lieu of the conium pill one composed of Pulv. Opii. ʒi. Gum Camphor, ʒij. Ipecac, ʒj. M. f. 20.

30th.—Pulse 52, irregular; spasms as before. Omit former prescription, and take twenty-five drops tincture iodine in a tumbler of water, three times a day; also a pill of Aloes and Rhei and Sapo q. s. to open bowels, twice in twenty-four hours.

Nov. 8th.—Patient improves; pulse 70 and regular; spasms somewhat abated.

12th.—Patient still improves; medicine continued.

28th.—Patient free from spasm; able to walk a mile and attend school; discontinue medicine.

During the month of March, in consequence of severe exercise with an attack of influenza, spasms commenced as before, with the same irregularity of pulse, when the iodine with the laxatives were again administered and continued three weeks, and the patient was restored to health and is at present able to labor as usual.

I have narrated more minutely than I intended my experience in the use of iodine, which I send you more for the sake of eliciting further remarks than presenting anything novel in practice.

Wintonbury, Conn. May 18th, 1835.

D. H. HUBBARD.

IMPORTANCE OF VENTILATION IN SLEEPING APARTMENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last number of the Journal you have published an interesting account of the sudden attack of a number of inmates in the boarding house attached to Bussey's factory at Dedham. The disease, judging from the account given by Dr. Jackson, seems an aggravated form of typhous fever, such as usually has taken the name of jail fever—and it

may well awaken the inquiry whether the cause, if more carefully investigated, would not be found in the crowding together of so many people as were there, in ill-ventilated sleeping apartments. The past winter, as we all know, has been long and dreary, and much of the time such as to make it extremely unpleasant to have windows open; and it should be ascertained whether the sleeping rooms at this house have not been without fires, and also badly ventilated. It was too early to look for the source of the disease from miasm, generated from the earth. If typhous fever ever arises from such a source, it could not be while the earth was locked up by frost, or even while it was too cold to excite vegetation.

But whether this was the cause in the particular instance of which we speak, no one can doubt that it is a fertile source of typhous fever. There is nothing more often neglected than ventilation of sleeping apartments—nothing more important to health; for better would it be to sleep under a tent in the open air, with all the risk of taking cold, than to sleep night after night with others in a close room, without each day opening the room to the influences of the external air. This cannot be too strongly impressed upon the overseers of factories and their operatives. It is confinement enough, in all reason, that the operatives are compelled to submit to, in being confined day by day in close rooms at their work, without being huddled together at night in close, unventilated rooms. There certainly can be no need of citing instances of the injurious effects of the course spoken of. Every one has heard of the Old Bailey sessions, where so many were made sick from this cause. Indeed, the instances of it are not rare in other establishments, in almshouses and boarding schools, where many people are confined together; and no doubt many of the cases of typhus in private families might be traced to the same source.

It may be difficult to account for the fact, but it is so, that the confinement of many animals of the same kind in close apartments will generate poisonous influences. No farmer ever thinks of confining, or even keeping together, a large number of sheep in the open air; for experience has long since taught him that the effect is the bringing on the disease known to him by the name of the rot, which is nothing more than a febrile affection, with a strong determination to the liver.

We all know how common an attendant typhus is of the camp, and how aggravated, too, are the cases when they occur. We know, also, how much more apt typhus is to spread and become contagious in the winter, while our houses are shut up, than in the summer, while free ventilation is permitted.

But there can be no need of saying more. The purpose is to excite inquiry with respect to the Dedham cases, rather than to write a dissertation on the subject; and if this be attained, the object of this communication will be answered.

T. P.

Boston, May 26, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 3, 1835.

MASSACHUSETTS MEDICAL SOCIETY.

THE weather being favorable, on Wednesday last, May 27th, an unusual number of medical gentlemen, from all sections of the Commonwealth, assembled at the usual hour at the Athenæum, in this city. After the meeting was organized, the records of the last anniversary were read. But very little interest was manifested for things past and gone—the members being such prompt paymasters that they busied themselves principally in liquidating their assessments in a lower apartment. A few strangers only were present at this particular juncture. When the scrutineers, Drs. Adams, Wellington, Reed, Stimson and Holyoke, were chosen, with reference to collecting votes for counsellors, Dr. Orr remarked that there were more counsellors in Plymouth district than in Bristol, although the latter had a greater population. The number in Bristol, therefore, was increased. Before the balloting commenced, the president rightly required the votes to be received by the scrutineers within the hall, and not in adjacent rooms and passages, as had been heretofore practised. For the purpose of expediting business, a second committee of scrutineers was raised, consisting of Drs. Storer of Boston, Bartlett of New Bedford, and Stedman of Chelsea. The following gentlemen were then elected counsellors in the several departments.

First Department, Suffolk.—James Jackson, John C. Warren, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds, John Homans, Woodbridge Strong, John Jeffries, Jerome V. C. Smith, George W. Otis, Jr. J. Greely Stevenson, Joseph W. McKean.

Second Department, Essex.—Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Rufus Longley, Dean Robinson.

Third Department.—Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadoc Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett, Daniel Swan, John O. Green.

Fourth Department.—Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Wilbard, Gustavus D. Peck.

Fifth Department.—Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Elisha Mather, Bela B. Jones.

Sixth Department.—William H. Tyler, Henry H. Childs, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department.—Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimson, Ebenezer Alden, Noah Fifield.

Eighth Department.—Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, Charles Macomber.

Ninth Department.—Alexander Read, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall.

Tenth Department.—Joseph Sampson, Aaron Cornish, Paul Swift, Jonathan Leonard, Jr.

At the appointed hour, 1 o'clock, Dr. Jacob Bigelow read a discourse on *Self-limited Diseases*. He prefaced his remarks with some observations on the death of the late Vice-President, Dr. Dixwell; and adverted also in a feeling manner to the demise of Drs. Benjamin L. Oliver and Ezra Starkweather, whose characters conferred honor on the Society of which they had been prominent and useful members.

Those diseases which were considered by the speaker as self-limited, were such as invariably run their course, governed by their own peculiar laws, unaltered and almost uninfluenced by the administration of medicine. Measles, scarlatina, smallpox, erysipelas and typhous fever, belong to this class. Although we took notes from the commencement, we feel ourselves wholly inadequate to report the discourse. Whenever it is published, an analytical review will be presented to our readers. As a whole, it was decidedly the most able and the most valuable practical paper which has been read on any former anniversary. Dr. B. acquitting himself to the satisfaction of a very large and attentive literary audience.

Some modifications of the by-laws were effected, but the time of dining having arrived, other alterations, contemplated by several gentlemen, were necessarily omitted till another opportunity. The dinner at Faneuil Hall covered considerable extent of tables; had it not have been for the feast of reason, there being no flow of soul, it might have been professionally denominated *spare diet*. Being unfavorably located for observing the guests, it is impossible to designate the strangers who partook of the Society's hospitalities.

On the following day, Thursday, the 28th, the newly-elected Counselors assembled at the Athenæum for the choice of executive officers, hearing reports, and conducting the affairs of the corporation for the year ensuing.

The following gentlemen were elected to the respective offices prefixed to their names.

President.—John C. Warren, M.D.

Vice-President.—Nathaniel Miller, M.D.

Corresponding Secretary.—Enoch Hale, M.D.

Recording Secretary.—John Homans, M.D.

Treasurer.—Walter Channing, M.D.

Librarian.—David Osgood, M.D.

Censors First Medical District and for the Society at large.—W. J. Walker, John Homans, A. L. Peirson, John Ware, Edward Reynolds.

Censors Second Medical District.—John Green, Benj. F. Hayward, Edward Flint, Charles W. Wilder, Benjamin Pond.

Censors Third Medical District.—Stephen W. Williams, Elisha Mather, Atherton Clark, David Bemis, Bela B. Jones.

Censors Fourth Medical District.—William H. Tyler, Orin Wright, Alfred Perry, Robert Worthington, Asa G. Welch.

Committee on Publications.—Enoch Hale, Jr. John Ware, Joseph W. McKean.

Committee on Resignations.—Walter Channing, Zabdiel B. Adams, Solomon D. Townsend.

Dr. Samuel Bugbee was elected by ballot to read the next annual discourse.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THAT extensive and important class of diseases, known under the general term of *Fistula Lachrymalis*, formed the subject of the *Seventeenth* and last lecture. After adverting to the misapplication of the term designed to include diseases so various in their situation and most prominent characters, Dr. Jeffries proceeded to consider these diseases under three general divisions. 1st. Diseases of the lachrymal gland and excretory ducts. 2d. Affections of the puncta and horizontal passages. 3d. Diseases of the sac and nasal duct. Each of these divisions received a separate and careful examination, with a description of the various morbid affections to which each particular part or organ is liable. The appropriate treatment for these various affections was described in detail with an accuracy and clearness, which could only result from an extensive and practical acquaintance with the subject. The remarks upon inflammation and tumor of the lachrymal gland were aptly illustrated by the history of a case, in which the inflammation (caused by permanent obstruction of the ducts) was followed by fistulous openings at the external and internal canthi. These openings discharged an aqueous or serous fluid.

The distinction between epiphora and stillicidium was pointed out, and the various causes which may give rise to the latter affection were enumerated. Of the morbid affections of the lachrymal sac and nasal duct, it was observed that they require a careful discrimination in order to lead to a correct treatment. For that purpose, a subdivision of these complaints was recommended by the lecturer, each of which received a distinct notice. After which, Dr. Jeffries spoke at length of the various methods of operation to restore a passage for the tears in cases of true *fistula lachrymalis*, in which there is always a permanent obstruction, and in some cases obliteration, of the nasal duct. In doing this, he gave the result of his reflection and experience in cases which had fallen under his own observation; and also referred to cases of patients who had been presented to the class, during the course.

This opportunity was improved to exhibit and explain the different instruments which have from time to time been employed by ophthalmic surgeons for the purpose of forming a new passage into the nose. Among others was the gold tube or canula of Dupuytren, the celebrated surgeon formerly of the *Hôtel Dieu*.

UNIVERSITY OF PENNSYLVANIA.

CONNECTED with this university is a school of medicine, which thus far has maintained the highest rank, and become the most eminently distinguished of any in the country. Associated with the celebrated Dr. Rush were men of rare qualifications, who sustained through their own life time the elevated character which the institution had justly acquired. But when they left the stage, others were called in from time to time to occupy chairs in departments made illustrious by the untiring labors of those bright luminaries of science, whose names and whose doctrines reflect honor on the land of their nativity. But the best constructed machinery

becomes disordered by time, and human learning, like a garment, sometimes goes out of fashion, however much it might once have been prized. So it is with the great school of Philadelphia, if credit is to be given to the representations of one who has been long identified with its operations. We have been led to these general reflections by the perusal of a closely printed pamphlet of sixty pages, 8vo.—entitled “*An appeal to the public, and especially to the medical public, from the proceedings of the Trustees of the University of Pennsylvania, vacating the chair of Materia Medica and Pharmacy. By John Redman Coxe, M.D.*” From childhood we have been familiar with the writings of Dr. Coxe—and we still read them with pleasure as well as profit. In the beginning, therefore, we are heartily disposed to sympathise with him in any misfortune that is calculated to embitter the old age of a man who has done so much for the usefulness and happiness of others.

There is, lamentable as it must appear, a growing disposition to treat gray hairs with less respect than formerly. Instead of that firmness of purpose once characteristic of the government in seminaries of learning, pupils too often now rule their aged preceptors by the terrors of mobocracy, and, in open violation of all good precedents, dictate both to trustees and teachers what will most contribute to their pleasure, without regard to order, law, or the common principles of justice. The pupils and the trustees of the University of Pennsylvania will rue the day they pretended to decide upon the value of a professor’s lectures, which, being above the standard of their mental developments, were in their opinion good for nothing at all. Accordingly, the venerable Dr. Coxe, who has taught with success since 1809, was without ceremony disgraced, if the act by which he was turned out of office can have such an effect.

We trust the doctor will circulate this appeal as extensively as possible. If there is such corruption, insincerity and rotten-heartedness in the Philadelphia Medical School, as depicted in the publication before us—fate speed its overthrow. We shall not only trumpet her downfall as an imperious duty, but shall mourn over the departed greatness of that Eden in which Rush, Shippen, Kuhn, Wistar and Dorsey tilled the ground that now yields bitter fruits, wild vines and worthless flowers.

Death by Quackery.—The Philadelphia Inquirer mentions the death of a gentleman in Kensington, caused by a course of Thomsonian steaming and high stimulation, which he was induced to undergo on account of a slight rheumatic affection of one of his legs. The case so nearly resembles those which are continually taking place in different parts of our country, that particulars need not be related. It is said to be the second case of the kind that has occurred, within a few weeks, to one of the physicians who were called in after the murder had been committed.

Stethoscopic.—Is it true, asks an intelligent country physician, that gentlemen are deceiving themselves with regard to the real merits of the stethoscope? In answer, we are constrained to acknowledge that no one knows less about it, from actual personal observation, than ourselves. Abiding, however, by the good judgment and discrimination of the first men in the first circle of professional eminence, we feel bound to believe that the stethoscope has not been over-rated. In this city, certainly, it has become an indispensable auxiliary—without which, many diseases

concealed within recesses of the thorax could not be detected. If some of our many correspondents, who from long practice are competent to judge of the nicest distinctions of sound, will favor the Journal with a paper on the advantages of stethoscopic experience to the general practitioner, though the same thing has been done repeatedly by several contemporaries, it will confer a favor on one who is solicitous to make himself useful to his patients.

Country Hospitals.—Were hospitals established in the shire towns of the several counties in Massachusetts, for the gratuitous relief of the poor, upon the plan of provincial hospitals in England and France, they would soon be regarded with interest, and receive that support from the community which all benevolent efforts for the melioration of the unfortunate readily command from a christian people. Some central point to which those seeking surgical advice might repair, seems to be called for. Operators in the interior are scarce. Beside giving their services, they are not unfrequently called upon to make further personal sacrifices, in relation to the comfort of indigent patients, altogether incompatible with the proper discharge of duties they owe their own families. Country hospitals must be established, if the philanthropic are truly desirous of securing the greatest amount of medical aid, gratuitously, for the poor.

Copland's Dictionary.—We understand that the three Parts to complete this work will be supplied by the new proprietor, Mr. Duff Green, of Washington city. No. 3 is in press, and will be issued immediately after the last sheets are received from England. Mr. Samuel Colman, of this city, will probably act as general agent for New England and the State of New York.

Medical Institute of Philadelphia.—Having for its object the improvement of medical education in the United States, this institution was organized in 1817, under the auspices of Dr. Chapman. In 1823, the following notice was given of it in Desilver's Directory—The course of instruction lasts for a whole year, beginning about the first or second Monday of April, and ending about the last of March. More particulars will be given when they are obtained.

Distinction.—Dr. Wilson Philip, extensively known to the professional world, has been recently elected a fellow of the London College of Physicians.

Medical Reform in England.—According to Mr. Warburton's bill for the regulation of apothecaries, they are not to be allowed to compound medicine, but will be entitled to receive 10s. fee, or as low as 6s. if they think fit, for each visit. The medicines they prescribe are to be provided and compounded by chemists, who, previous to so doing, must undergo a rigid examination, to show that they are duly qualified.

Varioloid.—A case of varioloid has occurred in one of the hotels at Northampton, Mass.

Botanical Lectures.—Dr. Hall, well known to some of our readers, is about commencing a course of Botanical lectures in the rooms of the Society of Natural History, Montreal.

ERRATA.—Page 256, 12th line from bottom, for “2d eye tooth,” read, upper right 3d (meaning the *third* from the *centre* of the upper jaw), or, that which is usually called the eye-tooth;—and, same line, for “and also its neighbor’s,” read, and also its neighbor’s crown.

TO CORRESPONDENTS.—“Thoughts on Phthisis Pulmonalis,” and the history of a case of Lithotomy, will be inserted next week.

DIED.—At Port Mahon, Dr. Russell B. Hubbard, U. S. N., son of Prof. T. Hubbard, of New Haven, Ct. aged 29.

Whole number of deaths in Boston for the week ending May 30, 20. Males, 9—Females, 11.
Of ulcers on the lungs, 1—pleurisy fever, 2—paralytic, 1—scarlet fever, 2—dropsy on the brain, 1—
inflammation of the bowels, 1—gravel, 1—child-bed, 1—quinsy, 1—debility, 1—abscess, 1—consumption, 1—lung fever, 1—disease of the head, 1—accidental, 1—old age, 1.

ADVERTISEMENTS.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

JOSEPH H. FLINT,
ELISHA MATHER,
AUSTIN FLINT.

Instruction in modern Dentistry will be given for a small additional compensation.
May 13. cop6m

PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

WILLIAM WILEY, of Baltimore, manufacturer of Cutlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired. 3t.

MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—3t.)

C. H. STEDMAN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JUNE 10, 1835.

[NO. 18.]

EXPERIMENTAL TRIALS ON THE EFFICACY OF REPEATED PURGATIVES IN TYPHOUS FEVER.

HAMILTON, of Edinburgh, was, we believe, the first physician who insisted on the efficacy of purgative medicines as a principal means of cure in typhous fever. His doctrine has been adopted by many practitioners; but by others, and particularly by the French, it has been combated as a method which is incompatible with the pathology of that affection. In order to afford means for deciding this question, important for the value of the truth which affirmative decision may establish, and interesting from the degree of attention which the subject has so long excited, M. Piedagnel undertook a series of experiments at the *Hôtel Dieu*, which were calculated to develop an answer to it, and he certainly has conducted them in a manner which is well designed for determining the true value of the purgative method. All the typhoid fever cases which he treated, were, without any distinction of symptoms, period of the disease, &c. submitted to the action of purgatives during *the same season*. The number of patients experimented on was large, and no other active remedies, such as bleeding and leeches, were applied, these being avoided in order that the result might be as positive as possible. We now present our readers with an analysis of the paper on this subject, which M. Piedagnel has published in the 13th No. of the *French Gazette Médicale*, the paper having been read at the Academy of Medicine on the 24th of March.

The author distinguishes four kinds of typhous fever, viz.

1st. Simple typhus.

2d. Adynamic typhoid fever; to the common symptoms are superadded those arising from a considerable alteration of the intestinal canal, consisting in numerous ulcerations of the mucous membranes: here the abdominal affection becomes prominent, and the patient at the end falls into a state of adynamia.

3rd. Ataxic typhus: here the cerebral symptoms predominate; there is a peculiar delirium, pain in the head; the senses are more or less perverted, and the muscles contract, &c.

4th. Putrid typhus (*fièvre typhoïde foudroyante*); this form can only be likened to the effects of poisoning; in three or four days the patient dies, and the autopsy does not reveal any organic alteration.

Such are the very different forms of typhous fever which M. Piedagnel has submitted to the following treatment.

On the day after the patient's reception into the *Hôtel Dieu*, the purgatives were immediately administered, when the symptoms were severe; if not, he was allowed to remain quiet for one or two days. When the

treatment was commenced, a purgative was given every day, or every second day, according to circumstances. The patient took for drink, water sweetened with syrup of currants, and his diet consisted of three *bouillons* (weak broth) per day. This regimen was invariably pursued; and the modifications of the treatment were very simple. Thus when a patient went naturally to stool, a slight purgative only was administered. In cases where a gentle purgative produced no effect, a stronger one was immediately given. The rumbling sound of the bowels, and particularly the appearance of meteorismus, were an indication for the employment of purgatives still more energetic. These means usually produced six to ten stools in the twenty-four hours. In some cases the patients were purged only once or twice during the whole course of the disease; in others ten or twelve times; but in general three or four purgative doses were sufficient. The state of the abdomen never furnished any contra-indication; thus a severe pain in some one point of the abdomen generally yielded to the first or second purgative, and never resisted the third. The purgative medicines employed were, Eau de Seidlitz, from two glasses to one or two bottles; a solution of one or two ounces of Epsom salts; castor oil; calomel; and croton oil.

On comparing the results obtained by M. Piedagnel with those obtained in the different hospitals of Paris, they certainly present a very favorable aspect.

From the 1st of June 1834 to the 1st of March 1835, no less than 134 cases of typhous fever were treated by the author at the *Hôtel Dieu*, all exhibiting in a greater or less degree the peculiar expression of the face, state of the mouth, rales muqueux and sibilant, diarrhœa, pain of abdomen, petechiæ and sudamina, which distinguish that affection.

The cases may be arranged under the following categories:

1st. *Simple Typhus*.—69 cases. No death. Mean duration of the disease $20\frac{1}{2}$ days. Mean duration of treatment $13\frac{1}{2}$ days. Average number of purgatives $3\frac{1}{2}$.

2d. *Adynamic Typhus*.—49 cases. Cured, 39; dead, 10. Mean duration of the disease $17\frac{1}{2}$ days. Mean duration of treatment $10\frac{1}{4}$ days. Average number of purgatives 3.

3rd. *Ataxic Typhus*.—16. Cured, 7; died, 9. Mean duration of the disease 29 days. Mean duration of treatment 19 days. Average number of purgatives $6\frac{1}{3}$.

Hence in 134 cases, we find 115 cured, 19 dead, giving the proportion of mortality as 1 to $7\frac{1}{19}$ of the cases treated. But amongst the 19 deaths M. Piedagnel enumerates two which ought not strictly to be included; one, cured of the fever and on full diet for four days, was cut off by a double pneumonia; the other, also cured, contracted the small-pox, which terminated in death. If we abstract these two cases, the general mortality will be very nearly 1 to 8. For adynamic typhus the proportion is 1 to $4\frac{9}{10}$,—the author of the memoir says 1 to $3\frac{9}{10}$, but he is evidently mistaken. Finally, he enumerates amongst the ataxic cases, the only two examples of *fièvre foudroyante* which presented themselves in the course of the year; hence in this severe form the cures and deaths may be accounted exactly equal.

Let us now compare these proportions with the result of the practice of MM. Chomel and Bouillaud at the *Hôtel Dieu* and *La Charité* :

Hôtel Dieu.

	Patients.		Dead.	
In 1830	27	—	8	— 1 to 3.375
1831	56	—	16	— 1 to 3.5
1832	23	—	5	— 1 to 4.6
1833	30	—	10	— 1 to 3

At La Charité.

	Patients.		Dead.	
In 1834	31	—	5	— 1 to 6 1-6

Thus in the practice of M. Chomel the mortality is as 1 to 3.4871794. In that of M. Bouillaud, or rather in the small number of cases reported by him, 1 to 6.2 ; and in that of M. Piedagnel as 1 to 7.052631578 947368421. (The decimal runs to this great length before it begins to repeat.)

Hence the author concludes that so far as regards the mortality, the treatment of typhous fever by purgatives is superior to any other practised at the present day ; but it is extremely fatiguing for the patient, and requires extreme care on the part of the physician. The most frequent complications with which it may be reproached, are inflammations, which sometimes determine death ; but, on the other hand, we very rarely find extensive gangrene, abscess, meteorismus, &c. and the convalescence is probably less prolonged.

In this analysis we have given every interesting fact presented to us by the author of the paper.

Presenting, week after week, as we are, almost without intermission, analyses or notices of such foreign memoirs as this, British practitioners, who are thoroughly acquainted with the slothfulness of the medical officers in our own public charities, and with the paucity of useful and scientific information that issues from the great hospitals of England, would rend their garments with grief and vexation at the figure which this country makes in the arena of medicine, if they did not entertain a firm hope that such changes were at hand, as must convert those institutions from sullen caves of disease, into temples of knowledge and health. It is impossible to watch, unmoved by strong feelings, on the one hand of pleasure, and on the other of indignation, the continued evidences of talent, information, and industry, which are at work in the hospitals of the French metropolis and provinces, and the absence of those qualities, with rare exceptions, in our own. The contrast is more than melancholy, and so long as the practice *within* those institutions in Great Britain simply consists of means for enlarging profitable individual practice *without*, so long will they remain closed storehouses of human malady. Our hospitals must, ere long, be filled, on a new principle of election, by able practitioners, whose ample remuneration shall be derived from a direct and legitimate fund, and whose duties to the patients, to the profession, and to the students, will be fulfilled only by paying an undivided attention to the wants, bodily and mental, of those who are within their gates, and discriminately recording, for the public use, the facts which arise in the course of the hospital practice.

And here let us ask, and we put the question as a hint well worthy of attention in the fifty-two county towns of England, how much longer that monstrous iniquity—that practice worthy not even of the dark ages—is to be suffered to exist unreformed in our provincial hospitals and infirmaries *from within*, of excluding from admission to the hospital practice—the wards and the theatres—the unattached medical practitioners of the several towns in which those hospitals are situated. “*A word in season, how good it is.*”—*Lancet*.

THOUGHTS ON PHTHISIS PULMONALIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication is at your disposal, and, if it shall have the effect to rouse the attention of the public to the safety of a large and very interesting portion of the community, the object of the writer will be obtained.

Yours, very respectfully.

Marshfield, May 25th, 1835.

CHARLES MACOMBER.

Consumption is strictly scrofula of the conglobate glands of the lungs. Inflammation of the lungs and their investing membrane may be followed by suppuration, and even the destruction of a portion of the lungs ; but this is not properly consumption. Patients frequently recover from disease of this nature.

It is possible that patients may even recover from strumous glands, or tubercles of the lungs, provided they be few in number. The glands, having become inflamed from inclemencies of the weather, or other causes, produce a caseous matter, which is thrown off by expectoration, and the remaining ulcers, like scrofulous ulcers in some other situations, through vigor of constitution are healed ; but more frequently the tubercles are numerous, or become so in progress of time, and the constitution is broken down by the protracted operation of the disease.

Hæmoptysis is not the cause of phthisis ; but phthisis is often the cause of hæmoptysis. Tubercles weaken the lungs, and in some measure obstruct the circulation through them, in consequence of which rupture of the vessels ensues from any little excitement on the lungs, and blood is poured out. This effusion of blood, however, is sometimes salutary. It seems to be nature's effort to take off inflammation from the lungs and their tubercles, and in this manner may protract the patient's life ; provided the effusion be not such as to excite much coughing.

Catarrh is not properly the cause of phthisis. Phthisis, however, evidently disposes the lungs to catarrhal affections even from the slightest changes in the atmosphere. These changes in our climate are greatly to be dreaded by the patient whose lungs are oppressed by strumous glands. May not some refuge be found from the inclemencies of the atmosphere?

The groundwork of consumption is sometimes laid in infancy, and sometimes long before, in the depraved constitution of progenitors. In this case the latent disease is scrofula, or a disposition of the lymph to stagnate in the conglobate glands. In difficulty of this character, plenty of moderate exercise in early years, continued through life, is an indispen-

sable remedy. It should be such as to give suitable motion to every part of the body, and propel the fluids throughout the minutest ramifications of the vascular system. If to the exercise recommended were united serenity of mind, based on correct principles, the probability of lengthened life would be still greater. Has this subject its due consideration in families, schools, academies and colleges ?

After tubercles have been formed in the lungs, a question naturally arises whether anything can be done to relieve. I am far from approving the conduct of those physicians, whose maxim is to "let the patient alone," or, if they do anything, what they do is equivalent to nothing. It is true, it is not so blameworthy to do nothing, as to do what is worse than nothing ; but, if all physicians were possessed of this supineness of character, phthisis pulmonalis would of course forever remain "the reproach of medicine." I have thought favorably of morning emetics of a strength suited to the situation of the patient. Emetics sometimes cause the absorption of tumors ; but whether they ever cause tubercles to be absorbed, I will not determine. From what I know, however, of the operation of iodine in scrofulous tumors, I am inclined to entertain a favorable opinion of respiring it in a dilute gaseous form. More knowledge of the use of this remedy in phthisis is desirable.

After tubercles have been formed in the lungs, it may be problematical whether we can prevent the formation of more, or resolve them, after they have been formed ; but certainly it is a duty, if possible, to prevent their inflaming. In what manner this may be best done, is a point not well settled. Shall we send the patient to Egypt, or the West Indies ? It is acknowledged that our climate disposes to catarrhal and pneumonic affections, and that the consumptive patient is like a sensitive plant in relation to changes in the atmosphere. How often, however, does he fall a victim to phthisis, before he reaches milder skies ? Or, if he is so fortunate as to arrive at the place of his destination, how frequently is he disappointed as to the mildness of the air, or its supposed balsamic properties ? and dies far away from the bosom of his country and friends.

Since, therefore, so large a proportion of mankind, nearly one fourth part, die of tubercular disease, and since it is acknowledged that some cases of phthisis as well as cases of catarrh and pneumonia are relieved, or apparently cured, by a retreat to a milder climate, especially when the season at the place has happened to be particularly favorable, a thought has arisen, whether an asylum for the consumptive might not be fitted up within the limits of our own State, where patients might breathe at all seasons, and without intermission, an air even more bland and medicinal than the atmosphere of Egypt or the West Indies.

In private houses, the patient with lung difficulties is frequently in a room too much heated, and at other times too cold, and not unfrequently undergoes greater, and more frequent and sudden changes of temperature, than a person daily exposed to every storm and wind that blows ; and of course, as might be naturally supposed, has more of catarrhal affections than a person thus exposed. But might there not be an asylum for the consumptive, not liable to such changes ? a retreat from the inclemencies of climate, where the temperature of air, most approved, as shown by the thermometer, should be invariably the same at all seasons

and at all times of day and night, and where the degree of moisture in the air, found most beneficial, as discovered by the hygrometer, should be sustained without interruption.

In the sick room the physician often finds pneumonic disease very obstinate for a very great length of time, and exhausts all his resources in combating it, until at last the patience of even the patient himself is almost exhausted. But happily a change in weather takes place. No fire in the sick room is needed, and the mercury in the thermometer stands stationary. The remedies now used begin to be highly beneficial, or perhaps the patient recovers without the use of medicine. Cannot the benefits of such a temperature of air be obtained at any time and place?

Water issuing from the interior of a hill side is very nearly of the same temperature at all seasons of the year, and usually less than ten degrees below temperate. Of course, common atmospheric air passed upward in small streams through a slowly descending column of such water, will be heated in winter and cooled in summer to nearly the temperature of the water. Air, if dry beyond a certain degree, will acquire moisture; and, if very moist, as in sultry weather, will lose some portion of its moisture by ascending in small streams through such slowly descending column of water, because, when air acquires caloric, it holds more water in solution, or in an invisible state, and, when it loses caloric, it drops some part of the water which it previously held in solution. Of consequence, common atmospheric air passed upward through such descending column of water will approximate at all seasons of the year something nearly the proper degree of heat by the thermometer, and of moisture by the hygrometer. The exact degree of heat and moisture, however, best for the consumptive, is not perhaps at present well ascertained; although from the evident advantages of an intertropical voyage, it is conjectured that a considerable of each may be required.

Having obtained air at all seasons of the year of nearly the heat and moisture required, by passing upward through the descending column of water already described, small streams of common atmospheric air, which operation of passing air upward may be easily effected by water power, two questions arise—Where? and—By what means shall the requisite changes be wrought in the air thus obtained?

The first question is—Where shall the requisite changes be wrought in the air thus obtained?

The answer may be—Near the lower floor of the building, for of course there will be the air which is too cold, to which the proper degree of heat and moisture must be imparted; for it is conjectured it will be necessary to impart some moisture by the equal diffusion of steam, when the air being properly heated and moistened will of course ascend through the second floor to the apartments of the sick, which floor should be composed of narrow strips of board, so fastened as to be at proper distances from each other to admit the passage of air. By this structure of the floor the feet of the patients will always be as warm as any other part of the body; and in consequence of the continual rising of heated air through the floor, no patient will respire air which has been previously respired, for all air, which has been respired, as well as that in contact with the patient's body, being heated, will ascend and pass out

of the building by openings made for the purpose, which openings should be so constructed, by means of fly-wheels, as readily to pass off heated air, but not admit air from without. Of consequence the patients will always have, in contact with the lungs and surface of the body, uncontaminated air of the proper heat and moisture, while sleeping and waking, an advantage of no small importance in the treatment of pneumonic disease, to which advantage may be added, if thought proper, the inhalation of gas arising from preparations of iodine, conium maculatum, hyosciamus niger, &c.

The second question is—By what means shall the requisite changes be wrought in the air thus obtained ?

The answer may be—By such a contrivance as may effectually exclude from the air, heated and moistened, the fumes arising from highly heated iron, ignited charcoal, or other deleterious substance ; and perhaps the air cannot be heated in a better manner, than by passing steam first in one direction and then in an opposite, by means of cast iron tubes placed near the lower floor of the building, and, if the air is found to have too much of dryness, perhaps the difficulty cannot be more easily remedied than by small perforations made in the cast iron tubes in such a manner as to diffuse steam equally through the air of the apartment. If an air more salutiferous can be produced than that already described, it must be by letting in through the dome of the building the gladsome beams of the sun. “ Truly the light is sweet, and a pleasant thing it is for the eyes to behold the sun.”

Patients may be found, who can live and even enjoy health in the bland air of an asylum of the kind described, whose lungs are still so much loaded with tubercles that they can live in no other place. For the benefit of such, as well as others, apartments for labor should be constructed, where they might defray their expenses, or even add something to their property.

There should also be on the outside of the apartments a circuitous walk, and outside of this the appearance of a circuitous canal, on which boats may be so moved by machinery as to have very nearly the motion of a vessel at sea ; so that if there be any advantage in a sea voyage, except what arises from an even temperature of the air, it may be enjoyed within the walls of the asylum. But enough of castle-building.

A CASE OF LITHOTOMY, IN WHICH THE HEALING PROCESS WAS INTERRUPTED AND RETARDED BY SUPERVENTION OF AN ERUPTIVE DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case was a tolerably healthy little boy, ætat. 4 years and 3 months. He had labored under urinary irregularities from his earliest infancy ; but the evidences of the existence of calculus of the urinary bladder did not manifest themselves decidedly, until he was nearly three years of age. On the 24th of September, 1830, he was sounded, and again on the 24th of the following June, at each of which operations a calculous body was distinctly felt in the bladder. On the 20th of the

succeeding July, the little sufferer was lithotomized, and a stone extracted, of an oblong-ovoidal form, weighing rather more than three drachms. During the operation, nothing worthy of remark occurred, with the exception of a more tardy extraction of the calculus than usual, from the extreme narrowness of the perineal region, generally to be felt as a difficulty in the operation of lithotomy with very young subjects. The entire operation occupied about twenty minutes, more or less, during which trying time the child displayed a degree of fortitude rarely to be met with even with patients of riper years.

For six days the case was distinguished by no unusual circumstances, or untoward symptoms : indeed, the little patient was rather more comfortable than usual, during this period, when union by the first intention does not take place.

On the 7th day, in the morning, after a more restless night than usual, the traumatic fever became considerably augmented, distinguished by an exceedingly rapid and hard pulse ; hot, dry, red skin ; tormenting thirst, with a deeply coated tongue ; the abdomen, too, was somewhat tumid and tender ; bowels costive ; great dejection of spirits and sighings, with taciturn drowsiness and aversion from food. The wound, which had not seemed disposed to heal, inflame, or suppurate, since the operation, now became considerably swelled and inflamed ; and, as far as could be seen, the surface of it was invested thickly by a white crust.

To meet these symptoms, a cathartic, of viij. of calomel and v. of rhubarb, was without delay resorted to at night, at which time I saw the child, directing the free use of cold drinks, the apartment to be well ventilated, and light covering upon the little patient. The night was passed badly ; the fever continued with little, if any, abatement until the morning of the 8th day, when it suddenly gave way under the very free action of the cathartic. It was really astonishing to observe the change effected in the condition of the child in so short a time ; in half an hour from the first dejection, the child seemed to be a different being, every unpleasant symptom having disappeared, as if by enchantment. In the course of the day, having occasion to inspect the wound several times, it was discovered that the white crust had thickened considerably, and was bounded around the margins of the wound by an incipient vesicular deposition, and an unequal areola of inflammation extending from half an inch, to twice that, into the surrounding dermoid texture. Little smarting or pain was felt from the passage of the urine during this and the succeeding day. Late in the afternoon, while inspecting the wound, my attention was drawn to numerous small vesicular elevations on the thighs ; and upon searching, it was discovered that they also existed in different parts of the trunk, neck, and even upon the face, in which last location, strange as it may seem, they had never until now been particularly observed.

From this period to the 12th day since the operation, the case seemed very nearly stationary : no other changes could be perceived than might be expected from the gradual drying up of the fluid effused into the vesicles. At this time the vesicles had sunk, and were covered by flat, thin, yellowish opaque crusts, closely applied to the skin. The incrustation of the wound, too, had become of darker white, approaching to

yellow, and was disposed to separate, and actually detached, in many places about its margins. By the 13th day the crust, as far as the wound could be examined, had entirely desquamated and passed away, leaving a healthy granulated surface, with some spots of pus here and there. The passage of the urine now occasioned much smarting in the wound. From this period the first healing disposition in the incision is to be dated. By the 10th day, the cutaneous crusts had generally fallen off. The wound now healed rapidly and progressively, until the 23d day, having diminished more than one half during this period; the general health and spirits, too, greatly improved during the same time.

On the 23d day, about 10, A. M., a distinct chill occurred, succeeded, after nearly an hour's duration, by a pretty sharp febrile struggle, attended with a rapid pulse; hot, dry and red skin; distressing thirst; coated tongue; dejection of spirits, sighing; drowsiness; costive bowels, with some tumidness of the abdomen. I was informed on my arrival that the child's bowels had been for some days more disposed to costiveness than usual since the symptoms ameliorated; but that as appearances seemed very favorable, and the little patient witnessed much unwillingness to take medicine, it had not been given, although particularly directed.

The calomel and rhubarb were again resorted to, succeeded by a saline cathartic four hours afterwards, with effects equally as decided and beneficial, in every respect, as in the first trial; every symptom giving way under the second operation of the medicines.

This second febrile effort was followed by a furuncular inflammation, which located itself successively in different regions of the dermoid and subtegumentary textures, from this period to the 35th day from the operation. The furuncles varied in size, from that of a small egg to a garden pea, and generally, when opened, discharged a puro-sanguineous fluid. The healing of the wound was somewhat retarded by this eruptive irritation, but not materially so; very little general fever marked it in either of its stages. By the 35th day, it had closed; and by the 40th, was firmly healed and cicatrized.

Remarks.—The peculiar circumstances of the case which has been detailed, are doubtless entirely attributable to the irritation of chicken-pox, under which the little patient labored when he was lithotomized, and the furuncular irritation which succeeded it as a secondary affection. That the child labored under chickenpox when the operation was performed, is inferred from the fact, that several other children of the same family, in constant habits of intimacy as playmates and bed-fellows, broke out with this disease about the same time, some on the day the operation was performed, others in succession for several days afterwards; and for the further reason, that when the child was operated on, it was remarked that his skin *presented a peculiar redness* and elevation of temperature, which at the time were ascribed to crying and agitation, from the fear of the operation; and finally, because the eruption which appeared during confinement after the operation, pursued the course, and presented appearances, usually characterizing varicella.

How long the little patient could have labored under the eruptive irritation before he was subjected to the operation, could not be determined;

but it may be supposed, from the course pursued by the disease with the other children, and the condition of the skin while under the operation, that it was somewhere about the eruptive stage, or near it.

Being disturbed and interrupted in its course, by the various traumatic irritations, suddenly induced, and violently impressed upon the constitution, by such an operation, too, as that of lithotomy, the fever of varicella did not resume its proper course, or re-appear, until these new irritations subsided, and ceased to act as counter-irritants to it ; when it was ushered in anew by a chill as is usual, and pursued its course regularly afterwards. The furuncular fever resulted in all probability from the evanescent, congestive irritation of chickenpox, located chiefly in the skin, in consequence of the imperfect crisis by perspiration, usually following eruptive fevers ; which, as the circulation extended itself into the capillary vessels of the skin, became more and more complete, until at length congestions, collapse, and febrile reaction, followed. Retaining the characters of the original disease, the secondary affection, or febrile effort, terminated also in local inflammations, and suppurations. The more extensive and deep-seated character of these latter inflammations, is to be attributed most probably to the peculiar state of the skin, generally present soon after chickenpox ; being irritable, and sub-inflammatory, more especially where the previous eruptions had existed—pretty much as is the case near, and even upon, blistered surfaces.

The febrile symptoms of the renewed attack of varicella being the most universal in their range in the constitution, suspended in turn, and more effectually, the adhesive efforts, while the secondary, or furuncular, being more limited and less intense, only exercised the interrupting agency partially.

The foregoing case points out clearly the necessity of examining closely into the previous state of the patient's health before an important operation is performed. The controlling influence, too, which dissimilar, strong, and new impressions exercise, in suspending a disease, or in disturbing it in its course, after it has actually commenced and advanced considerably in its progress, is also most clearly shown. A valuable practical lesson is thus afforded ; confirming what has long been known, that "to cure one disease a new one must be created." How far the principle can be extended, the limits of so short a paper will not allow me to attempt to explain.

The remediate operation of mercurial cathartics, in diseases connected with abdominal traumatic irritation, is most decisively evinced by the two cases of eruptive disease which were treated by them exclusively (as the modifying circumstances in the case of lithotomy we have detailed). In closing this paper, I will add that I know of no remedy possessing half their efficiency as certain means of security against peritoneal or other abdominal inflammations, after parturition or surgical operations, if administered before congestions form to any considerable extent, or before inflammation actually invades the textures. I employ them in all cases in a few hours after abdominal operations, and repeat them every eight hours, until natural secretions are elicited, and oftener if the case be threatening.

The foregoing case is at the disposition of the Editor of the Boston Medical and Surgical Journal, from his friend,

JOHN P. METTAUER, M.D.

Prince Edward C. H., Va., May 22d, 1835.

CEREBRAL TUMOR.

BY S. GREGG, M.D. MEDFORD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the middle of March last, Mr. W. J., aged 41, complained of an inability to use his right arm—that when he attempted to extend his hand to take an object, it would pass to the *right*, without his being sensible that the limb was moving in a wrong direction.

On ascertaining that he had been subject to a torpid habit of bowels, it was presumed that a few potions of cathartic medicine would remove the difficulty.

I did not see the patient again until April 1, when I was again called to visit him. I found that he had not been in the least relieved from his former symptoms, and that he now complained of severe pain of the head, principally in the occipital region; pulse full, and the tongue covered with a thick, white coating. He was bled about sixteen ounces, and directed a solution of tartrate of antimony (in small potions) as a diaphoretic.

April 2d.—All symptoms milder: had continued in a moderate perspiration. As there had been no dejection, directed a cathartic.

3d.—More comfortable; tongue still coated, but some appetite.

6th.—Had suffered much pain during the day previous, as he supposed, from having eaten freely of some unsuitable food on Saturday evening. Pulse preternaturally slow, and tongue still covered with the same thick, flocculent coating. Directed operative medicine.

7th.—Less pain, and had rested well.

8th.—Headache still troublesome; directed a blister to the nape of the neck.

13th.—The same difficulty in using the right arm, but less pain in the head; tongue still coated, although the patient was rather disposed to take food.

16th.—Symptoms generally more favorable, with occasional headache.

30th.—Not so well. Pain of the head at times *very severe*, mostly in the anterior part, through the temples; pulse 45, and appetite, which had been pretty good, was now much diminished; appearance of the tongue the same. Blister repeated, and leeches to the temples.

May 3d.—Headache at times intolerable; pulse 40, and full; same difficulty in using the right hand—sometimes letting the vessel fall while drinking. The right leg became now similarly affected, not being able to support the weight of the body upon it. The mind began to be inactive; indeed, a general listlessness seemed to pervade every expression and movement. No motion of the intestines without medicine. The leeches were repeated with apparent benefit—the pulse rising in frequency

after the application. The above symptoms continued nearly the same ; the pulse varying from 45 to 65 until the fifteenth, when the pupil of the right eye was noticed to be occasionally dilated, which, after a few days, became permanently so, assuming an oblong and irregular form. These were the appearances until May 23d, when the patient became insensible, with stertorous breathing, and died on the 24th.

Autopsy, thirty hours after death. Longitudinal sinus turgid, and so were the vessels of the meninges. External appearance of the brain, in other respects, natural. On making a section of the superior portion of the brain, a tumor was seen to protrude from the cineritious mass, nearly under the centre of the left parietal bone. The tumor was of a gelatinous character, with a slight greenish tinge, having a little more consistence than the substance of the brain, with attachments so slight as to be ruptured by its own weight. It was about one inch and three lines in its longest diameter, and about eight or nine lines in its shortest—the surface was irregular, having the appearance of commencing ulceration.

June 2d, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 10, 1835.

DISEASES OF THE SEASON.

AFTER an examination of the bills of mortality and health office reports of this and other cities, for the last three months, we are satisfied that a more uniform state of good health was never known to the physicians of this country, in any former period of its history. As a nation, we have been blessed in regard to the public health, and at this moment are in its full enjoyment.

No particular type of fever seems to be prevalent ; acute inflammatory affections are extremely rare ; surgical operations are scarcely heard of—and with the exception of an occasional local excitement produced by the sudden outbreakings of smallpox, varioloid, or accidents having their origin in some of those bold mechanical enterprises which characterize the times in New England, peace, health and plenty abound.

Though contradictory accounts are circulated in relation to the re-appearance of the once sweeping desolation of cholera, it is confined to one or two settlements. Unless a thorough and searching system of cleanliness is rigidly pursued, however, in every town where families of a certain description, such as have no regard for their own personal comfort, are compactly settled in narrow streets and lanes, in which various offals, street water, and putrescent vegetable and animal remains, are negligently suffered to accumulate, the same sufferings which are experienced at Memphis and New Orleans, may be anticipated. Cholera is a prompting messenger to all heedless magistrates. Physicians cannot always exterminate diseases ; but they must be sustained by the good sense, energy and ability of those municipal officers who have in charge the highways and byways of the land.

Endemics may yet be exhibited, as the season is advancing when those

causes will be in operation, depending partly on atmospherical influence, which give rise to them ; but we are now especially contemplating the present, as an extraordinary epoch, when no maladies are existing calculated to disturb the equanimity of the public repose. Even that slow, but fatal affection of the lungs, pulmonary consumption, seems to have been partially suspended. Compared with the catalogue of its victims in February, March, and April, there is certainly great cause for gratitude. This is referable altogether to a modification of temperature, and the concomitant changes which depend upon the return of summer.

Physicians, as well as patients, have too long been accustomed to await the insidious approaches of phthisis, as something beyond the reach of medical skill—something to be dreaded, but not to be successfully combated. The mere fact that thousands after thousands are silently yielding up their lives, from year to year, without a single prospect of escape even in its incipient stages, though hope booms up the soul by the administration of supposed remedies as delusory as their ultimate fate is certain, calls imperiously upon the profession to make unabated exertions, that pulmonary consumption may not remain to reproach them with the imperfection of their knowledge.

When the cold winds of returning autumn begin to blow, and those vicissitudes of weather peculiar to the northern States recommence the work of destruction on the delicately organized textures of the lungs, the calm that is now enjoyed will be succeeded by scenes of a widely different character.

While the country is thus participating in such happiness as can only flow from uninterrupted public health, the profession cannot engage in any higher or more praiseworthy pursuits, than investigating those causes by which it is at all times liable to be endangered. It is to medical men that the people have a right to look for counsel in all that concerns them in the hour of sickness. It would be unpardonable, therefore, not to be qualified, by all the means at human disposal, to render that assistance which they are by common consent supposed to be able to afford.

SMALLPOX.

CASES of this fearful disease have occurred, the present season, in different parts of the country, and justly excited the alarm of the community. Scarcely a week passes without the announcement of its appearance in country towns, where there has not been the least reason for apprehending such a scourge.

Since our last Journal, we learn that the smallpox has broken out, and rages from Memphis to Natchez, and thence to Natchitoches. One case has also recently appeared at Framingham, another at Braintree, Mass. and two more cases were carried from Dorchester on Monday last. It is by no means strange that consternation and anxiety are manifested, when so small a part of the population of the interior, through the most culpable negligence, are unprotected against its frightful devastations. Owing to a blameable remissness in not enforcing the long established and useful precaution of cleansing certain cargoes which are brought to this country, smallpox has been repeatedly introduced into manufacturing districts, where under ordinary circumstances it would not have been developed. In three instances, within a few weeks, imported rags have carried the malady into the very midst of papermill operatives ; and wool, occasionally brought from the Mediterranean, has been equally

a terrific messenger of suffering and death. Lastly, the thousands of foreign emigrants, from infected vessels, distribute it in their clothing to every section of the Union. Nothing short of vaccination can arrest its progress, or save an individual brought within the sphere of its influence, from its certain action.

No one can doubt the propriety of an efficient health police, at all the ports of entry, which shall subject cargoes to a rigid examination and a thorough ventilation, before landing; and also, an equally vigilant course in relation to the garments and personal effects of passengers, before being allowed to wander over the country to the positive injury of the public health.

Woodstock, Vt. School of Medicine.—In a recently printed catalogue, the names of the following gentlemen constitute the Faculty, viz. H. H. Childs, on Theory and Practice of Medicine; W. Parker, on Surgery and Physiology; D. Palmer, Obstetrics and Materia Medica; John D'Wolf, Jr., Chemistry and Natural History; Robert Watts, Anatomy; W. P. Russell, Medical Jurisprudence; and B. R. Palmer, Demonstrator of Anatomy. Total number of students at the late lecture term, sixty. Middlebury College confers degrees on graduates of this School.

Connecticut Medical Society.—In a small pamphlet, the receipt of which is hereby acknowledged, entitled the "Proceedings of the President and Fellows, in Convention, May, 1835," is a catalogue of the members, three hundred and ninety-three in number, with their places of residence—a very convenient directory. From all we can discover, the Society is prosperous and efficient. Dr. Miner, the talented president, would do honor to any institution.

Transactions of the N. York Medical Society.—Vol. II., Part II., containing several well-written papers, beside the doings of the State Medical Society, of which Dr. John H. Steele is president, has been published at Albany—a copy of which has been received at this office.

New York Hospital.—During the year 1834—seventeen hundred and twenty-one patients were admitted into the hospital. Twelve hundred and sixty-six were cured, sixty-nine relieved, one hundred and fifty-four discharged at their own request. One hundred and seventy-four died. Two hundred and twenty-two persons received the benefits of the Bloomingdale Asylum for the Insane, in the same year.

College of Physicians and Surgeons, New York.—At the late commencement of this institution, of which Dr. John Augustine Smith is president, twenty-five gentlemen graduated with the honors of the School.

Annals of Phrenology.—Vol. 2, No. 1, under the editorial charge of four literary gentlemen of Boston, contains an unusually interesting collection of articles. Dr. Shurtleff's Anatomical Report on the Skull of Spurzheim, does him great credit. Whoever wrote the article entitled "Thoughts on Materialism, Insanity, Idiocy, Comparative Anatomy,

Memory, Consciousness, &c." in answer to a critique in the *Christian Examiner*, discovers uncommon patience, perseverance, and knowledge in the abstruse doctrines of mental philosophy.

Hopkins Medical Association.—The annual meeting of this association, at Hartford, Conn. will be held this day at 2 o'clock, P.M. *Dissertators.* Dr. H. Holmes—"Vis medicatrix naturæ." Dr. A. Welch—"Extra professional practice." Dr. A. Talcott—"Causes of discrepancies of opinion among medical men."

Medical Beneficiaries.—M. D. Benedict, W. B. Williams, J. A. Hovey, I. H. Hutchins, Erastus Erwin, L. D. Wright, L. E. Carver, and J. B. Merriman, were recommended by the several county meetings of the fellows of the Connecticut Medical Society, to attend, gratuitously, the next course of lectures at Yale College. It is to be regretted that a similar benevolent movement has not long since been made in Massachusetts for benefiting indigent students of medicine.

Obliteration of the Vena Cava Superior as it enters the Auricle.—Dr. Reid exhibited a specimen of this to the Anatomical Society of Edinburgh. The manner in which the blood from the head and the superior extremities reached the heart was indicated by the increased size of the intercostal veins and the *vena azygos*, which had evidently served to transmit the fluid, whose proper channel had been obliterated. The patient died of disease of the kidneys with dropsy. There were no symptoms indicating disturbance of the circulation, for several weeks at least, before death.

Edin. Med. and Surg. Journ.—*Amer. Journ. of the Med. Sciences.*

Austrian Statistics.—In the year 1833, the number of deaths in the Austrian monarchy was 665,731, being 76,917 fewer than in the preceding year; the deaths from cholera, however, in the latter year, may account for the difference. The number of births was 815,293. Among the deaths were by suicide, 724; hydrophobia, 35; casualties, 503; murdered, 422, (in the preceding year, 466); executed, 36 (in the preceding year, 53). There were 450 persons who were above one hundred years of age. The population of Austria, including Lombardy, Venice, Dalmatia, the Tyrol, &c. is at present reckoned at about 34,000,000.—*Lon. Med. Gaz.*

TO CORRESPONDENTS.—To the writer of a voluminous article, signed A. C., we feel compelled to say that the subject of his paper is at war with the principles we labor to sustain. To elevate the profession is a duty, and is the object of this Journal; but to give currency through its pages to doctrines which men of true science have invariably reprobated on account of their destructive tendency, would be inconsistent, impolitic, and dishonest. While we acknowledge, therefore, our esteem and personal respect for the writer, whom we would willingly oblige in any way not incompatible with the best interests of society, we beg to decline the publication of the manuscript alluded to, from a conviction that it would only provoke controversy, and lessen the dignity of medical science. The manuscript will be returned.

Whole number of deaths in Boston for the week ending June 6, 18. Males, 10—Females, 8.

Of brain fever, 1—consumption, 3—menses, 1—dropsy on the brain, 2—canker in the bowels, 1—teething, 1—delirium tremens, 1—marasmus, 1—old age, 1—insane, 1—infantile, 1—burn, 1—child-bed, 1—apoplexy, 1

Record of Meteorological Observations for May, 1835.

1835 May	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Frid. 1	42.00	51.00	46.00	29.98	30.00	29.925	Cumuli	NW		Barom. at 9h. a, 29.85
Satur. 2	43.00	57.00	50.00	29.85	29.95	29.900	"	"		
Sun. 3	41.00	55.00	48.00	30.05	30.05	30.050	"	E		[bus during night
Mon. 4	42.00	51.00	49.00	30.05	30.10	30.075	Cumulus	SW	.60	Rain, a. Rain and nim-
Tues. 5	42.50	45.00	43.75	29.85	29.90	29.875	Cir. c. strat.	NE	.25	Rain, and during the
Wed. 6	42.00	59.00	50.50	29.84	29.92	29.880	"	SW	.28	Rain [night. D a.
Thur. 7	43.00	62.00	52.50	29.80	29.95	29.875	Cumuli	NW		
Frid. 8	45.00	46.00	45.00	29.80	29.90	29.850	Cir. c. strat.	"		SW, m. Ther. 44 a.
Satur. 9	38.00	57.00	47.50	29.82	29.88	29.850	Cumuli	SE		S, m. Cir. cum. strat. a.
Sun. 10	43.00	57.50	51.25	29.89	29.80	29.800	Cir. c. strat.	SE		Cumuli, a.
Mon. 11	42.50	69.50	54.00	29.85	29.92	29.885	Cumulus	SW		
Tues. 12	48.00	71.00	59.50	29.90	29.93	29.915	"	"	.01	NW, a. ☉ m.
Wed. 13	44.00	54.00	49.00	30.02	30.06	30.040	Cumuli	NE		
Thur. 14	49.00	51.00	45.00	29.80	29.95	29.875	Cir. c. strat.	"		Rain, a, & during night
Frid. 15	41.00	49.00	40.50	29.55	29.65	29.600	"	"	.74	Rain. NW, a.
Satur. 16	37.00	51.00	44.50	29.50	29.60	29.550	Cumulus	NW	.02	Slight showers & squally
Sun. 17	43.50	66.50	55.50	29.65	29.76	29.705	"	SW		
Mon. 18	47.00	71.00	59.00	29.80	29.85	29.825	Cirrus	NW		
Tues. 19	48.50	74.00	61.00	29.90	30.05	29.975	Cumulus	SW		
Wed. 20	50.00	83.50	71.25	29.80	29.84	29.820	Cumuli	N		☉ m.
Thur. 21	53.00	56.50	54.75	29.98	30.08	30.030	Cir. c. strat.	E		NW, m.
Frid. 22	43.00	55.00	49.00	30.10	30.30	30.200	Cirrus	NE		
Satur. 23	44.00	56.00	50.00	30.35	30.40	30.375	"	SE		
Sun. 24	43.00	72.00	57.50	30.15	30.40	30.275	"	SW		
Mon. 25	50.00	80.00	65.00	29.75	30.05	29.900	Cumuli	E	.03	[ning at night
Tues. 26	58.50	75.50	67.00	29.75	29.85	29.800	"	NW		SW, m. Rain and light-
Wed. 27	55.00	69.00	62.00	29.96	30.04	30.000	Cirrus	"		☉ m.
Thur. 28	51.00	52.00	53.00	29.90	30.01	29.970	Stratus	NE		Foggy
Frid. 29	51.50	74.00	62.75	29.55	29.80	29.675	Cumulus	S	.20	Nimbus. SW, a.
Satur. 30	58.00	74.50	66.25	29.65	29.90	29.775	Cirrus	E		NW, m.
Sun. 31	55.00	66.00	61.50	30.00	30.05	30.025	Cumuli	SE		
Aggreg.	46.45	61.02	51.015	29.86	29.96	29.9150	Cumuli	NW	2.13	

RESULT.—Mean temperature, 51.015; maximum, 20th, wind N, 83.50; minimum, 16th, wind NW, 37.00; greatest daily variation, 25th, wind E, 30.00; least daily variation, 8th, wind NW, 1.00; range of thermometer for the month, 46.50; increase of mean temperature from April, 12.790; prevailing atmosphere, cumuli, generally fine and clear weather. Prevailing wind, NW. Mean atmospheric pressure, 29.9150; maximum, 23d and 24th, wind SE and SW, 30.40; minimum, 16th, wind NW, 29.50; greatest daily variation, 20th, wind E, 0.30; least daily variation, 10th, wind SE, 0.00; range of barometer, 0.90; increase of atmospheric pressure from April, 00.1159; rain, 2.13 inches.

Comparative with May, 1834.—Mean temperature, 52.4193; maximum, 84.00; minimum, 32.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.9325; maximum, 30.32; minimum, 29.50; rain, 5.48 inches; prevailing wind, SE.

Fort Independence, Boston, June 1, 1835.

B.

ADVERTISEMENTS.

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Boston, April 1, 1835.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 17, 1835.

[NO. 19.]

A CASE OF FRACTURED SPINE, WITH DEPRESSION OF THE SPINOUS PROCESS, AND THE OPERATION FOR ITS REMOVAL.

BY DAVID L. ROGERS, M.D. OF NEW YORK CITY.

THIS case occurred on the 3d of February, 1834, in the person of a Mr. Little, aged thirty-one years, who fell from the roof of a three story house (as is supposed), upon a coal box, which fractured the spinous process of the first lumbar vertebræ, and depressed this process upon the spinal cord; a space was distinctly felt between the last dorsal and second lumbar vertebræ. He presented those symptoms, paralysis and suffering, which are familiar to surgeons in such cases. After reëction was fully established, the paralysis of the lower extremities continuing, with other distressing symptoms, it was determined to remove the depressed process.

Operation.—The patient was laid upon a cot, and placed on his side, as symptoms of suffocation were produced when lying on the face. The shoulders and hips were carried forward, which caused a projection of the spine; an incision of about five inches in length was made, in the direction of the spine; several fragments of bone, broken from the spinous process of the last dorsal vertebræ, presented, which were removed. From the comminuted state of the depressed process, it was thought that it could be removed without the saw, and in elevating it, every part was detached except at the oblique processes. An attempt was made to separate these with the knife alone, but without success; Hey's saw of small size was now employed, but the mobility of the part rendered this a tedious and difficult part of the operation; the irregular edges of the bone occasionally coming in contact with the spinal cord, caused excruciating pain, accompanied with convulsive contractions of the muscles of the back; with the aid of the double hook and elevator it was fixed, and by gently sawing, it was separated on one side, but could not by this mode be detached from the other side. Again the knife was used, and the capsular ligament was divided from the outside; the process was then drawn upwards and outwards, so that the probe-pointed bistoury might pass between the articulating surfaces, which completely separated its attachments. About two inches of the spinal cord was now exposed, covered with coagulated blood, quite firm; this was removed with the forceps. The spinal cord did not seem to be injured. The wound was drawn together by a suture, and adhesive strips, with a bandage. The patient was laid upon a firm mattress, on his back. In about fifteen minutes after the operation, he said he was much relieved; sensibility

returned to the lower extremities ; respiration became easy, and with the assistance of an anodyne, he slept for several hours.

The above operation was performed on the morning of the 5th of February, 1834. At 8, P. M., of the same day, he complained for the first time of pain in his feet, and a difficulty in passing his urine. A catheter was introduced, and about a quart of urine discharged. Gave him lemonade and gum Arabic water for the night.

February 6th, morning.—Has rested well during the night ; complains much of pain in his feet ; they are highly inflamed and vesicated ; twelve leeches applied to them ; skin dry. Pulse 106. Ordered spirit minderer. 7 o'clock, P. M. Pulse much excited ; skin dry ; complains of pain in the wound ; turned him on his side, which gave much relief ; was directed to take at bed time, proto-chloride hydrarg. grs. vi. ; Pulv. ipecac. compos. grs. x. M. The lemonade omitted for the night. Warm fomentations to the feet.

7th, morning.—Rested well a part of the night ; complains of pressure about the wound. Pulse 100, and tense. Bladder much distended with urine. Bled him ten ounces, when he became faint. 7, P. M. Was much relieved by the bleeding ; slept several hours during the day ; urine drawn off twice to-day. Ordered pulv. ipecac. comp. grs. x. at bed time.

8th, morning.—Vomited during the night, which caused much distress in the wound ; no discharge having taken place from the bowels since the operation, notwithstanding several injections had been given, he was directed to take ol. ricini, 3j. ; tinct. opii. gtt. xx. and effervescing draught. 7, P. M. Cathartic has not operated.

9th, morning.—The cathartic has operated several times during the night ; says he is free from pain. Pulse 98, and soft. The wound in the back dressed, has in part closed ; granulations seem healthy.

10th, morning.—By the aid of anodynes he rested well for the night ; skin moist ; pulse 98 ; the right foot had lost its sensation, much tumefied ; crepitation was felt on the ankle, resembling emphysema. Dr. R. being satisfied that gangrene had commenced in the foot, he immediately made an incision in the part from below the inner ankle to the great toe, down through the distended cellular tissue. The whole of the foot was gangrenous, extending above the ankle. The nitric acid lotion was applied with lint, and the part covered with a poultice. He was directed to take gum opii. gr. ss. and carb. ammonia grs. ij. every two hours.

11th, morning.—Delirium ; refused his medicine ; gangrene extended ; made deep scarifications into the sound parts ; continued the same dressings as yesterday. Directed arrowroot, with wine and porter.

12th, morning.—Is more composed this morning ; slept several hours during the night ; took his medicine regularly. The soft parts about the foot have separated from the bones, most of which are in a state of comminuted fracture.

13th, morning.—Delirium returned ; extremities cold ; pulse hardly perceptible at the wrist. Died in the afternoon.

Post-mortem examination, twelve hours after death.—Viscera of the abdomen healthy ; the membranes surrounding the viscera had a dark appearance from extravasated blood. The wound on the back was about

half closed by healthy granulations. The bones of the spine retained their relative situation. The first lumbar vertebra, from which the spinous process had been removed, was fractured through its body, but no displacement. The spinal cord seemed in a healthy condition.

Dr. Rogers makes the following remarks :—Although in all the cases of depression of the spinous processes in which an operation has been performed it has proved fatal, yet he is well satisfied that this case presents a strong argument in favor of repeating the operation under similar circumstances. The immediate return of sensation to the inferior extremities after the removal of the bone, with complete relief from all symptoms which indicate an injury of the spine, from the time of the operation to his death, form presumptive evidence in favor of his ultimate recovery, had it not been for the injury and gangrene of the foot. Dr. R. thinks that in a case of simple fracture and depression of the spinous process, without any injury of the spinal cord, we have a reasonable prospect of success in an operation ; at all events, it is the only chance for the patient, and under such circumstances he recommends it.

American Journal of the Medical Sciences.

ACUTE RHEUMATISM.

DEMONSTRATION OF THE MODE IN WHICH THE PREPARATIONS OF COLCHICUM PROVE USEFUL.

BY PROFESSOR A. T. THOMSON, OF THE NORTH LONDON HOSPITAL.

THE number of cases of acute rheumatism which has been admitted within the last twelve days, has again turned our attention to this disease: but I shall now direct your notice merely to one of these cases, not because the symptoms have displayed any peculiarity, but because the rapidity of the relief which followed the operation of the colchicum upon the alimentary canal, affords me an opportunity of explaining my opinions of the manner in which this valuable remedy usually produces beneficial effects in rheumatic inflammation. It has been customary to refer these effects of colchicum to its sedative or narcotic powers ; an opinion which my experience prevents me from adopting ; but in dissenting from this view of the influence of colchicum, I am anxious that I shall not be misunderstood as attempting to deny that it possesses sedative powers ; although I have never seen these adequate to the production of permanent relief from pain in acute rheumatism. If a full dose of the wine of the seeds of the colchicum be administered after a moderate bleeding, it rarely fails to purge, and to maintain the reduction of the pulse caused by the abstraction of the blood. Under such circumstances it would be remarkable if there was no abatement of pain, if the system be brought under the influence of even a very moderate sedative. The purgative influence of the colchicum carries its sedative power, although weak, thus far, whilst it precludes the further employment of the lancet ; and thus it seems to combine the advantages of purging, and the administration of narcotics. Now in taking this view of the influence of colchicum, I am convinced that it is never productive of much benefit in acute rheu-

matism, unless it purge freely. The evacuations are generally copious, liquid, and highly bilious, owing to the remedy, as a topical stimulant on the duodenum, exciting powerfully the orifices of the biliary duct, and causing a large flow of bile to the intestine, in the same manner as exciting the orifices of the salivary ducts in the mouth not only empties those glands, but augments their secreting function. The purgative effects of colchicum are sometimes excessive, and the consequent debility is great ; but I have seen 12 or 14 copious watery stools produced by a full dose of the drug, without any obvious debility resulting. If the lancet be not previously employed, the excitement present in the habit seems to resist both the purgative and the sedative powers of colchicum ; which, apparently, like those of some other remedies, require the habit to be brought into a certain condition before they can operate in a salutary manner. It is on this account that I almost invariably, as you must have observed, order my patients with acute rheumatism to be bled, and the bleeding to be followed by a dose of calomel, tartar emetic, and opium, before prescribing colchicum. If the patient be of a plethoric habit, *f. 3j.* or *f. 3iss.* of the wine of the seeds may be given for a dose, six or eight hours after the administration of the pill ; and this dose is to be repeated once in six hours until it begin to purge, when either the repetition should be deferred for twelve hours, or, if the effect be powerful, the medicine should be altogether discontinued. If febrile symptoms recur, accompanied by pain, I have generally found the tartar emetic preferable to a return to full doses of the colchicum ; but the influence of the antimonial is aided by small and frequently repeated doses of the colchicum. On the contrary, if the pulse remains soft, regular and moderate in frequency ; and the pains do not return, except, perhaps, in a slight degree in the evening ; whilst the skin, also, remains cool, I have found that the decoction of yellow bark, acidulated with sulphuric acid, or the solution of the sulphate of quinia, acidulated in the same manner, tends more than any other means to secure the patient from a relapse, and to confirm the cure.

In making these remarks, it would be uncandid were I not to mention that most distressing effects have occasionally followed the employment of large doses of colchicum ; but these have either depended on the improper administration of the medicine, or on idiosyncrasy. As a rule to guide you against the first error, you must recollect that colchicum ought never to be prescribed when the red or glazed state of the tongue indicates much irritation or a sub-acute inflammatory condition of the mucous membrane of the alimentary canal. In this case, moderate doses of the hydrocyanic acid and liquor potassæ with Dover's powder, aided by counter-irritants, may be employed to prepare the habit for the use of the colchicum ; and even after the irritable state of the alimentary canal has been sufficiently subdued to admit of its use, the remedy ought to be prescribed in small doses, frequently repeated, instead of the full doses that may be administered under other circumstances. The deleterious influence of idiosyncrasy can only be avoided, by inquiring into the effects of the remedy when it has been taken at any prior time.

London Lancet.

LIGATURE OF THE BRACHIAL ARTERY FOR VENO-ARTERIAL ANEURISM.

BY N. R. SMITH, M.D. PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND.

A. B. A COLORED man, aged twenty-six, called for my advice (November 25th), in relation to a tumor situated in the bend of the arm. At first touch it was evidently an aneurism. An eminent medical friend had previously examined the case, and learning its character, had referred the patient to me.

The disease had resulted from an accident in bleeding, which had occurred in the hands of a gentleman remarkable for the neatness with which he usually performs phlebotomy. The accident was owing to the local relations of the parts concerned being remarkably different from those which usually exist. It was the median-cephalic vein which had been opened, but this vessel lay much lower than is usual—that is, nearer to the inner condyle ; while the median basilic was very short. The brachial artery, on the other hand, lay nearer than usual to the radial border of the arm. We entertain but little apprehension of wounding the brachial artery when we strike the median-cephalic vein, and this undoubtedly was the cause of the occurrence in this instance. The artery was wounded through the vein and directly beneath it. The blood gushed rapidly at the time, but its flow was soon embarrassed in consequence of the formation of a thrombus. A compress was finally applied, and, although bleeding in small quantity occurred several times, yet the hemorrhage was never serious. The part was a good deal swelled at the time, and painful. At length the inflammation disappeared, and there remained a pulsating tumor. At the time it was first examined by me, it had the magnitude of the half of an egg, and had a distinctly circumscribed cyst. The vein was evidently concerned in the tumor, but to what extent the tunics of the vein entered into the walls of the aneurism, it was by no means easy to determine. It appeared to me, however, on making a most careful examination, that the principal part of the cyst was formed in the cellular tissue, intervening between the artery and the vein—that the inner orifice of the wound in the vein had become expanded, and its margin incorporated with the cellular walls of the aneurism.

The peculiar aneurismal thrill was very manifest in the pulsation of the tumor. At each throb the blood was forcibly injected into the vein, suddenly expanding it both beneath and above the tumor. Beneath, however, this swelling of the vein extended no further than to the first valve, which was half an inch from the tumor. Above, the expansion of the vein was obvious half way up the arm, and the thrilling rush of the blood was distinctly felt at each pulsation of the heart. Pressure upon the brachial artery, above the tumor, arrested the pulsation. Pressure upon the tumor emptied it of its contents. The walls of the tumor toward the surface were thin.

The compress having been already ineffectually employed in this case, and the tumor obviously increasing, I immediately advised that the ligation of the brachial artery should be performed without delay. For this

operation he repaired to the Baltimore Infirmary, where I was then officiating as surgeon. Preparatory to the operation, I caused blood to be taken from the arm—prescribed a low diet and repose for two or three days.

The operation was performed in the presence of the medical class of the University of Maryland, and with the assistance of the pupils of the house. The patient was seated in a chair, and his arm was extended upon a table. The incision was made as usual along the border of the biceps, the fascia of the arm being laid bare at the first stroke of the knife, and opened by the second. On introducing the finger into the wound, I felt the pulsations of two arteries—the one in the usual position of the brachial, close beneath the border of the biceps—the other toward the ulnar border of the arm, but not remote from it. On compressing the latter, the pulsations of the tumor did not cease, but when this was practised upon the former, they were instantly commanded. The pulsations of these vessels were so equally strong that I immediately inferred that, in this instance, the division of the brachial had occurred at a higher point than usual, and that only the radial branch was concerned in the operation. With this impression I immediately applied the ligature to the artery beneath the biceps. The pulsations of the tumor at once ceased, its volume diminished, and it became flaccid. A silk ligature was employed, one extremity of which was left hanging from the wound. The incision was very accurately closed by means of adhesive strips—a compress was applied to the tumor, and a roller to the member, from the hand to the shoulder. The patient was kept in a tranquil state. At the same hour of the next day, the tumor was found, on examination, to pulsate feebly. There was also a pretty strong pulsation in the radial artery, at the wrist. The brachial artery was also found to pulsate slightly, where it merged itself in the tumor. I could not now feel the pulsation of any artery toward the ulnar border of the arm, which could be regarded as the ulnar artery, nor were the pulsations of the ulnar at the wrist stronger than those of the radial, and I now came to the conclusion that the collateral vessel, which I so distinctly felt during the operation, was the anastomotic, considerably enlarged in consequence of the circulation in the brachial. There had occurred no visible diminution of temperature in the limb. The bandage was re-applied and kept wet with cold water.

On the third day the bandage was again removed, and we were gratified to discover that there now no longer existed any pulsation in the tumor, although it was still manifest in the artery both above and below it.

On the fifth day there was still no pulsation in the tumor, and it had now become quite hard and incompressible. There was not much tenderness to the touch, nor had the patient experienced much pain, though it was occasionally such as to disturb his rest at night.

On the 13th day the ligature came away. In the mean time complete reunion of the wound by adhesion had taken place, and he had scarcely felt a sensation where the ligature had been applied, till the present time. By any prudent effort we could not now, by pressure, force any fluid out of the cyst into the artery, or in any measure diminish its size. It

was manifest, therefore, that the blood contained in the cyst had now formed a firm coagulum, and that we might confidently expect its ultimate obliteration.

On the 20th day, the patient complained of severe pain and tenderness in the tumor, and evidently a slight degree of inflammatory swelling had taken place in its base. I conjectured that suppuration of the cyst might be about to happen, in consequence of the coagulum being so thickly covered with integuments. I directed a poultice to be applied to the part, and this to be compressed with the bandage. In two or three days the inflammation was wholly dissipated, and I found on comparing the tumor with a cast which I had made of the part before the operation, that it had lost half its original size. It was perfectly free from pulsation.

North Amer. Arch. of Med. and Surg. Science.

CASE OF DIABETES MELLITUS.

BY RICHARD WILMOT HALL, M.D. PROFESSOR OF OBSTETRICS IN THE UNIVERSITY OF MARYLAND.

ON the 22d of April, 1831, I was requested by Dr. E. Perkins, of this city, to visit with him Robert Kinnier, a lad about seventeen years of age, laboring under diabetes. On reference to my notes, I find the details of the same as here given. Our patient appeared to be somewhat emaciated; had a sallow complexion, with those appearance of general disorder which often follow our autumnal remittent fevers. On inquiry I learned that he had suffered by an attack of this disease during the preceding autumn, while engaged with his father on the line of the Baltimore and Ohio rail road; and after the more severe symptoms of attack had passed away, a remittent fever with irregular paroxysms had continued to manifest itself occasionally. At the time we saw him, these paroxysms were interrupted; but he still remained languid, incapable of active exercise, and much depressed in mind. He sometimes walked slowly in the open air, from which he experienced fatigue. His liver seemed to perform its functions slowly, but there was no tenderness or enlargement from which might be inferred a serious disturbance of this organ. He had occasionally a very slight cough. The tongue was whitish and his skin cool. The perspiration did not appear to be materially changed from the standard of health. We requested that the urine should be retained for our examination, and the quantity discharged between the hours of nine o'clock in the evening and six of the following morning (nine hours), was found by measurement to be more than one gallon—of a pale straw color, and sweet to the taste—pulse 84—appetite irregular—digestion also imperfect. He labored under no important pulmonary disturbance, and the alvine dejections evinced the presence of biliary matter.

Tonics were first directed. *S. quinine*, *phosphas. ferri*, &c. were freely used without apparent benefit for some time. No vegetable preparation, except bread, was allowed to be taken. His diet was directed to be purely *animal*, with the foregoing exception. Still finding that his diabetic symptoms were not materially altered, we prescribed the *tinc. meloe*.

vesicat. m. xx. ter. die. directing an increase of five to ten drops each dose, unless strangury should have been perceived.

On the 19th of May, we found his pulse 84—one pint of urine discharged during the night—bread omitted and diet altogether animal. It may be remarked that he relinquished the use of bread with great reluctance,—occasionally obtained it by stealth, but acknowledged that it always increased the flow of urine. He then concurred in the propriety of the prohibition, and abstained from its use. On this day he was taking 270 drops of the tincture thrice a day—tongue more natural—urine less—bowels more regular,—directed to increase the tincture. He sleeps more comfortably during the night.

On the ninth of June, dose of tincture four hundred drops, which produced a slight strangury—bowels regular and fæces natural in appearance—urine last night, 3iv.—diminished the quantity of the tincture—pulse 84.

June 12th.—Takes 350 drops—tongue more natural, pulse 90 and soft—appetite and digestion improved—so also his general appearance. After this period he gradually increased the amount of the tincture to four hundred drops each dose, without strangury and with manifest advantage. He now was enabled to take exercise in the open air, and his strength was increasing daily.

On the 19th June, he applied to the apothecary for a fresh supply of the tincture. A small quantity remained in the bottle from which he had previously been supplied, and in taking it down from the position which it occupied, the fluid was agitated, and thus suspended much of the fine particles of the cantharides. Of this turbid fluid he took in the morning 425 drops, estimated to be double the strength of the pure tincture. Pain of the kidneys, distressing strangury, and urine slightly tinged with blood, followed. When called to visit him, I found his pulse 90 per minute, voluminous and active. The warm bath was forthwith directed—m. 60 Tr. opii. with 3i. ol. ricini were given with mucilaginous drinks. He was soon relieved, and readily evacuated the bladder. The quantity of fluid was small. 20th June, pulse 90—quite composed—free from pain and strangury; urine natural, and moderate in quantity. Directed the tincture to be omitted. No morbid change, or increase in the quantity of urine, was perceived after this. On the 23d of June, he had a slight paroxysm of remittent, which was speedily interrupted by the use of *S. quinine*. Pulse 80 on the 26th, and no evidence of diabetes remaining. He soon regained his strength, and entered on an active course of duty, as a grocer, in Baltimore.—*Ibid*.

ON SOME OF THE USES OF TURPENTINE.

BY W. C. ROBERTS, M.D. NEW YORK.

TURPENTINE evinces its greatest utility in the *neuralgiæ*. According to Cullen, Drs. Cheyne and Pitcairn first lauded it in these disorders, and in *sciatica* in particular. In France, M. Récamier employed the essence fifteen years ago, for the cure of femoro-popliteal neuralgia; and

the results of his practice have been set forth in a thesis by M. Martinet, defended in 1818, at the faculty of medicine in Paris. Ten cases were cured, two were benefited, and three were unrelieved. It would appear that there ought to exist no organic lesion of the affected nerve, for the remedy to succeed. Two drachms of the essence, in four ounces of honey of roses, were given daily, in three doses and at intervals of three hours; and in most of the patients, six days only were required for the cure. In 1823, M. Dufour published his experiments on the use of the essence of turpentine in neuralgia. Six patients out of seven were cured, without any perceptible effect from the remedy. (Rev. Med. August, 1824). M. Laroque employed it about the same time, and cites twelve or fifteen successful cases (Ac. R. de Med. 8 Sep. 1828). In 1824, M. Martinet re-issued his thesis, and published a second edition of this memoir in 1829. In the latter he states, that of seventy patients of whom he then had charge, fifty-eight were cured of crural or popliteal sciatica, or other neuralgia; three by frictions, and *all the rest by the internal exhibition of the medicines*. The symptoms which it caused were slight, when it was prudently given, and a free diaphoresis in the course of the affected nerve was a favorable omen. The remedy is never to be persevered in beyond the tenth day. We have detailed these facts at some length, because we think them calculated to lead to the mitigation of a very terrible and obstinate affection, against which medicine has hitherto waged an unequal war. In other of the *neuroses*, turpentine is not without its efficacy; *tetanus*, the most formidable of them all, has been cured by it. Toms has recorded a case in which three half ounce doses, given at intervals of three hours, put an end to the spasms, and was followed by copious stools and free vomiting. A very remarkable case of tetanus, from a wound successfully treated by our much respected preceptor, Professor Mott, with turpentine, in which many ounces were taken, is somewhere recorded.

A subsequent one, in which several ounces also were exhibited, and in which we were ourselves concerned, was not so prosperous. Free purging and profuse sweating followed its use, and the jaw relaxed considerably, but it proved ultimately and unexpectedly fatal. Dr. Philip, in the Med. Ch. Trans. vol. vi. tells of a case in which a glyster of an ounce of sp. tereb. rubbed up with the yolk of an egg in 8 oz. of senna, speedily put a stop to *convulsions* of very considerable severity. In an admirable practical lecture, by Dr. Graves, on that species of convulsion which is induced in children by improper diet, quoted in the Am. Jour. Med. Scien. for Aug. 1833, we find him advising, on the failure of other means, a mixture of turpentine $\mathfrak{z}\text{i}$. castor oil $\mathfrak{z}\text{iv}$. the syrup of poppies and mucilage. "Of this, when well shaken, exactly $\mathfrak{z}\text{j}$. was to be given every third hour; and what was the result? It operated on the bowels, produced a copious discharge of urine, and the convulsions ceased."

Dr. Percival has prescribed turpentine in *epilepsy* with success in three instances. Dr. Reid (Dub. Trans. vol. iv.) gives it in the same disease with good effects. "I have freely used," says Dr. Knight, in his work upon the moral and physical causes of insanity, "the spir. tereb. rect. as recommended by Dr. Ed. Percival, in the Ed. Med. and Surg. Jour.

and frequently with much benefit, in the epilepsy of lunatics ; the fits being often suspended from their usual accession, and when returning, being less violent." A French journal records a case of verminous *cataplexy* cured by this remedy, and in the *cephalalgia* of delicate and hysterical females, together with other measures, we find the spirit of turpentine, in considerable doses, recommended by that accomplished physician, Dr. Graves. "Since I have employed them (spir. tereb. and the nit. argenti) in hysterical determinations to the head, I have been able to overcome these and similar affections with much greater facility than formerly. The spir. tereb. is best suited to the violent stages of the disorder, and may be given in doses of one or two drachms, to be repeated according to its effects. The best vehicle is cold water ; and some will bear and derive advantage from two or three doses a day, experiencing from its use a diminution of headache, a removal of flatulence, together with a moderate action of the bowels and kidneys. Slight degrees of dysuria or hematuria ought not to cause us to discontinue it."

In *colic*, a favorite prescription of Dr. Dewees, of Philadelphia, consists of oil of mint, ʒj. and of turpentine, ʒj. ; the dose a teaspoonful p. r. n. The opinion of this gentleman as to its efficacy as a purgative, when in conjunction with the oleum ricini, we have already expressed. To obstinate *constipation*, failing other means, it seems well adapted ; and in *chronic diarrhæa*, and in certain *torpid conditions of the bowels*, with furred tongue, sour eructations, and acrid slimy stools, it is pronounced by Professor Chapman to be an incomparable remedy. "In anomalous returns of *spasmodic pain* in the bowels, I have succeeded, says Dr. Armstrong, in his work on chronic diseases, "with pretty full doses of tereb. rect. ; and in doses of fifty or sixty drops, three times a day, have allayed that uneasiness which is by some felt when the stomach is empty, and which is relieved by food." A mixture of equal parts of the essence of turpentine and sulphuric ether, is said, by Durande, to allay the pain of *biliary calculi*. It has the effect of dissolving these concretions, when they are placed in it, out of the body ; the practice is a very old one. Turpentine has been given in *dropsy* ; and according to Orfila, it would appear to be the best means of combating the symptoms of *poisoning by the hydrocyanic acid*. A case of *asphyxia from opium*, cured by its internal use, and the exhibition of it in glysters, is contained in the Lon. Med. Gaz. 1826. There is a remark made by Dr. Prichard, in his work on the diseases of the nervous system, which relates to the therapeutic uses of this medicine, and which I think has escaped observation. He is speaking of epilepsy depending upon deranged conditions of the uterine functions, and after having advised it as a stimulating glyster, proceeds to assert that it is one of the most potent diffusible stimulants in the whole materia medica, and the most potent *emmenagogue*. The black hellebore and savine, he says, are not as powerful. His mode of using it, is to give from ʒss. to ʒij. daily, in an emulsion. In *mania* connected with defective catamenia, he relies much upon it. Again : in treating of that form of epilepsy which he calls enteric, wherein acrid matters, worms, the irritation of dentition, &c. cause a sympathetic disorder of the brain, after depletion, &c. of all the remedies Dr. Prichard has ever tried, he has found none so frequently useful as oil of turpentine.

"It occasions moderate and regular evacuations, corrects the tendency to a frequent repetition of griping and irritating stools, and relieves or removes flatulence. At the same time, it exerts a peculiar sedative, or tranquillizing power on the nervous system, lessens irritability and promotes sleep." P. 263.

The efficacy of turpentine against the *tania* is well known and strongly attested. Kennedy, of Glasgow, Kanam, Gomez, Knox, Mello, Cross, Fenwick, Latham, Laird, Bateman, Pommer and Mérat, are among its warmest advocates. From half an ounce to two ounces of this oil may be given daily; if it purges, the worm may be passed very speedily, but it is oftenest passed after an interval, dead, and in a state of decomposition. Other worms have also been evacuated by its agency; but it is thought by the authors of the Dict. de Mat. Med., that its use in cases of tapeworm will soon be abandoned, because in the bark of the root of the pomegranate we possess a safer and more certain teniafuge. In some of the *profluvia*, in *leucorrhœa*, *blenorrhœa*, *hæmatemesis* and *melana*, its exhibition has been commended; and Dr. Geddings, of Baltimore, and others of his friends, have found it of great service in arresting *ptyalism*. He used it as a gargle, 3ij. to 8 oz. mucilage.

It is well known that it is by means of turpentine that Dr. Kentish treated *burns* so successfully; and many of the best authorities of the day, among whom are Mr. Lawrence and Sir A. Cooper, look upon this method as the best in severe cases. An application of turpentine to the burn was made thrice a day, and then a liniment of basilicon ointment softened with the oil, was laid on with compresses. The surgical uses of turpentine are numerous. It enters into many ointments; it is frequently injected into fistulous sinuses; and either warmed or made into a paste with Peruvian bark, it forms a useful application to *gangrenous sores and stumps*. The latter is the practice of the Glasgow infirmary, and over the cake thus formed, is laid a pledget of resinous dressing. A very successful mode of treating a *carbuncle*, is by making into it a crucial incision, and filling the cuts with lint dipped in the spirit of turpentine. By this means the pain and irritation are speedily assuaged, and a healthy action is brought about in the sore. Its uses as a liniment for exciting *rabefaction* need only this allusion.

United States Medical and Surgical Journal.

CASE OF STRANGULATED INTESTINE WITHIN THE ABDOMEN.

BY S. B. CARPENTER, M.D. NEWTON, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss A., of delicate constitution, had suffered much from ill health for several years. Catamenia had been very irregular. For the first six months of the last year there had been a complete suppression; but for the remainder of the year, she had menstruated regularly every week.

I was summoned in haste to see this patient, for the first time, between eleven and twelve, P. M. July 28, 1833. She was then suffering severe pain in the epigastric and pelvic regions. She very soon, however, attributed all the pain to the pubic region. That evening she went

to bed as well as usual, after attending church twice during the day ; ate a very few baked beans for dinner. It should be remarked that she was menstruating very little at this time. Pulse 70 to 75, not very full or strong, and the tongue very little coated. An emetic brought up some undigested food, with a little mucus and bile. The pain continued in paroxysms, although there was not a complete cessation in the intervals. Very little tenderness was felt by pressure on the abdomen, which appeared quite natural. She had had no dejection since the 27th. In this situation the patient continued till about three o'clock, P. M. Nothing gave even temporary relief, except opiates ; cathartics, enemas and fomentations were all ineffectual. The stomach became very irritable, but nothing was ejected except mucus and bile. At this time she appeared evidently sinking. The abdomen became more and more distended ; pulse was very feeble and quick, and scarcely perceptible at the wrists. Just before 10, P. M. twenty-three hours from the first alarm, she suddenly expired.

In this case nothing had appeared very extraordinary or even alarming, till about eight hours previous to her death. In fact there was scarcely a symptom except those which usually accompany painful menstruation. The mother, an observing, intelligent woman, remarked that her daughter had suffered in this way many times before. The total impossibility of getting any medicine to act on the bowels, and the appearance of sinking between 2 and 3 o'clock, P. M. began to excite a suspicion, for the first time, that something very peculiar in character existed in the case.

Post-mortem examination.—Twelve hours after death, I commenced an examination. The abdomen was exceedingly distended, but not hard. On cutting through the parietes, nearly a pint of serous fluid escaped from among the intestines. The cause of death was at once revealed. The bloodvessels of the lower portion of the small intestine were highly injected with blood, so that the tissues were of a deep livid hue. The cause of her death was this :—a strong fibrous band, originating from the side of the intestine, two feet from the colon, passing over two folds of the ileum and joined to the mesentery close to its origin, bound the canal like a ligature. It crossed the ileum but six feet from the colon. The side of the intestine where the ligament was attached was so extended as to form a cul de sac 2 1-2 inches long, one inch in diameter next the intestine, and tapering to a point, then forming a small tendon about the size of a pipe-stem, and extending one inch farther before its insertion, so that the whole cord was three inches and a half long. This was evidently not of very recent origin, but it was impossible, however, to form any opinion of the period of time the intestine had been thus curiously encircled by it. Six feet of the ileum was enclosed, two below and four above the insertion of the band ; of course it was not very closely bound by a ligament of 3 1-2 inches long. How can we account for its sudden strangulation just at this particular juncture ? There was very little fecal matter present, and no undigested food. The ligament formed the exact boundary of the injected bloodvessels. Though the whole canal was considerably distended with gas, no other portion beside that described was found at all diseased.

June, 1835.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 17, 1835.

"A MEMOIR OF JAMES JACKSON, JR. M.D.

WITH EXTRACTS FROM HIS LETTERS TO HIS FATHER, AND MEDICAL CASES COLLECTED BY HIM."

SUCH is the title of a beautifully executed octavo of four hundred and forty-four pages, by James Jackson, M.D. the Prof. of the Theory and Practice of Physic in Harvard University. We have merely turned over the leaves with a view to understanding the general object of the publication, without having it in our power the present week to analyze its contents, or indeed to make such extracts as would be most satisfactory to the general reader. Enough, however, has been discovered in this monument of parental affection, to excite our warmest and most heartfelt sympathies for the parent who mourns the early death of such a son. It was our happiness to have a personal acquaintance with the talented man whose short but well employed life is here told so briefly.

The simple and unaffected narration of his character and brilliant career, cannot fail to renew the regrets of every friend to genuine merit and exalted talents, at his premature death.

To the junior members of our profession and to medical students, this work for obvious reasons commends itself in a particular manner ; and a careful perusal of its pages cannot fail in conferring much benefit.

The medical portion of the volume, we feel a thorough conviction, well deserves the attentive consideration of the admirers of those essential qualifications in a physician, viz. a talent for observation and a love of truth ; and will form a valuable introduction to those stores of knowledge which we venture to hope may, at no distant period, be opened to us from a foreign source. The following extract presents a brief sketch of the life of our departed friend.

"The history of my son's life is very simple, and it may be told very briefly. He was born on the 15th January, 1810, was graduated at the University in Cambridge in 1828, and then engaged in the study of medicine. This he did under my direction and as my pupil. He continued as such till the April of 1831, and during this time he attended the medical lectures of our University and saw the practice of the Massachusetts General Hospital. In the spring, 1831, he went to Paris, where he arrived in May, and remained till July, 1833, except during a visit of six months to Great Britain and Ireland in the spring and summer of 1832. He reached home at the end of the summer, 1833, and was graduated as Doctor of Medicine in our University in February, 1834. He was now prepared to engage in practice, and took rooms for himself in Franklin Place. He was thus brought to the starting place of active life, and under circumstances the most flattering and the most grateful, when he was arrested in his course. Exactly at this point he was arrested. His arrangements being made, he sent an advertisement to the public papers, which appeared on the fifth of March, and on that day he was taken sick so as to lodge at my house instead of occupying the rooms which he had

just announced as his residence. This sickness was his last, and he died on the 27th of the same month, being in his 25th year."

The biographer of this excellent man remarks, "The subject of this story was not indeed rewarded by long life. But in this age will it be maintained that long life is the greatest blessing? This is a topic on which I shall not enlarge; but I will only say for myself, which I do most sincerely, that I would not have added a year to my son's life, by an habitual and allowed indulgence in a single vice."

There being barely space in reservation for a short extract to-day, a part of a letter is here given, to illustrate his untiring devotion to the profession in which he was calculated to shine with peculiar splendor.

Dublin, August 19, 1832.

"MY DEAR FATHER,—I would to God I knew how it is with you at this moment. When awake, I do not allow myself to think much of cholera in America, and never to fancy that my friends can be touched by it;—but in sleep, it occurs in my dreams, and they are such as sometimes alarm me. I must await the end. I have not received any letters from you for some time;—as I have been wandering and uncertain, I directed them to be detained at London, after I left Edinburgh, and this circumstance will hurry me back to London. I am already repaid for coming to this city, by a few hours study yesterday, at the museum of pathological anatomy, at the college of surgeons. I have added to the stores of my knowledge, memory and note-books upon this subject. It is my intention so to have seen everything in the *morbid way*, that you cannot find me at fault on the most close examination. I have already seen much, that from books I had longed for, and only regret that you are not at my side, that we might burn together, as we looked upon the riches of the science we love. Do not imagine that I am going to allow myself to become a mere pathological anatomist, instead of a pathologist in the more liberal sense of the word. Remember, though I now write mainly of specimens, preparations and paintings, that from Paris I wrote much of symptomatology, aye, and studied it much, too. That I do not much expect in England;—it is almost impossible. I may see practice, you will say; I will, but I expect fully, very often to be much in doubt as to the nature of the case in which the practice is exercised."

COMMENDABLE LIBERALITY.

The Legislature of the State of Maine, with a liberality worthy of imitation, at their late session passed a resolve granting aid towards the relief and instruction of that unfortunate class within the limits of Maine, who are afflicted with blindness. In appointing Dr. Reynolds, of this city, to investigate such cases as may apply for legislative assistance, they have made a most judicious selection. The reputation which this gentleman justly possesses for knowledge and skill in treating diseases of the eye, we are happy to perceive is daily extending itself wherever affections of that important organ present themselves. The 23d instant is the time appointed for this interesting examination, and we would suggest to all who are thus afflicted to avail themselves of the opportunity about to be presented.

The Stanstead Somnambulist.—It may be interesting to our readers to learn that Mrs. Cass, whose remarkable case of clairvoyance constitute

the interesting papers in this Journal several months ago, first by Dr. Barnard and subsequently by Dr. Colby, is dead. We have received a note from Dr. C. dated at Stanstead, June 10, in which he has kindly given us some particulars of the post-mortem examination, which will be found in the next number of the Journal. We also acknowledge, in the meantime, the reception of a morbid preparation from the same source, to be disposed of as requested by the donor.

Smallpox in Georgia.—Dr. Gilbert, of Georgia, writes us, under date of June 4th, that the smallpox exists at Milledgeville, in that State. He further remarks, "We have an abundance of vaccine matter, but I am fearful it is not the genuine."

Complete Luxation of the Knee.—An instance of this exceedingly rare accident is recorded in a recent number of the *Bull. de Therapeutique*, by Dr. Gorde. The subject of the case was a woman of from fifty-five to sixty years of age, who, in returning home at night, with a heavy burden, and in a state of intoxication, stepped into a ditch as deep as up to the middle of her thighs. The body was thrown forward by the fall, whilst the feet stuck at the bottom of the ditch; the whole force of the impulse was sustained by the thighs. The left thigh was dislocated backwards and downwards, and lodged under the muscles of the calf of the leg. The limb was much deformed, and shortened three inches. The reduction was very easily effected, without the patient complaining. The articulation was covered with compresses wet with spirits of camphor and lead water; the limb kept at perfect rest, and in six weeks the patient was cured without any untoward symptom.—*Gaz. Med.*

Treatment of Intermittent Fever by Hunger.—Mr. M——, practising physician at Marsanissa, in Ekatorienslaw, concludes hunger to be the best remedy for intermittent fever. He recommends a strict fast of three days, and gives his patient during this time only common water to drink, without either meat or medicine. It is sometimes, though seldom, needful to premise to this course of treatment, an emetic or an aperient. All tasting of food, even in the smallest quantity, tends to hinder the effect. Mr. M—— has employed this method these twenty-five years in different parts of Russia, and always found it effectual, of what kind soever the intermittent might be.—*Dub. Journ.*—*North American Archives.*

A police soldier, aged 60, had been for a long time affected with obstinate cough and difficult respiration, which resisted all the means employed for relief. On examination, after death, it was found that the whole of the right lung was destroyed, and its place supplied by a sac, filled with a dark colored fluid:—the left lung was in a state of extensive suppuration. The pleura, on both sides, was much thickened, and firmly adherent. This case, with others of a similar kind, shows that it is possible for life to be sustained with a very small quantity of lung.—*Russ. Annalen.*—*Ibid.*

Whole number of deaths in Boston for the week ending June 13, 22. Males, 14—Females, 8.

Of fever, 1—inflammation on the lungs, 1—dropsy, 1—throat distemper, 1—lung fever, 1—palsy, 1—consumption, 4—infantile, 3—inflammation of the bowels, 1—quinsy, 1—hooping cough, 1. Stillborn, 2.

TO CORRESPONDENTS.—Dr. Delony's review of two lectures on the Botanic System, published in a Milledgeville, Geo. paper, and forwarded to our address with a request that it might be republished, is too voluminous for the pages of the Journal. We perfectly agree in sentiment with the talented author of the review, and regret that its extreme length forbids its transfer to our column, which have heretofore been enriched by his communications.

DIED—At Jamestown, R. I. John Hopkins, M.D. aged 24.—At the White Springs, Va. J. Greely Stevenson, M.D. of this city, aged 36—a gentleman highly esteemed for his professional and moral worth.—Near Lexington, Ky. Dr. M. M. Black, aged 27.

ADVERTISEMENTS.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

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Instruction in modern Dentistry will be given for a small additional compensation.

May 13.

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VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—including one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JUNE 24, 1835.

[NO. 20.]

TREATMENT OF CONSTITUTIONAL IRRITATION FROM LOCAL INJURIES.

BY N. R. SMITH, M.D. PROFESSOR OF SURGERY IN THE UNIVERSITY OF
MARYLAND.

It will be borne in mind, that the symptoms which characterize constitutional irritation from local injuries, are those which indicate a subdued and disturbed state of the vital forces, and that re-action is the first evidence of any recuperative effort on the part of nature, and the first step toward recovery. To rouse the subdued powers of life, then, and to bring them under the influence of more salutary stimuli, would appear to be the first general indication to be had in view. Assuming the patient's condition to be that which has already been described, arising from injury received by a fall from a height, or in a mode equivalent, his breathless, pulseless, and pallid condition demands repose in the horizontal posture, warmth, and the employment of gentle stimulants. If the surgeon be at hand at the moment of the injury, his first object should be to prevent all officious interference on the part of by-standers, whose well-meant endeavors are so usually misdirected. If he be not exposed to a cold or damp air, nor lying upon a wet or rugged surface, let him, for a few minutes, rest where he is, in the supine posture, which is easiest for respiration; and with his head low, to favor the restoration of the cerebral circulation, the suspension of which prolongs the state of syncope. If his immediate removal be necessary, he should be placed on a hand-barrow, or a plank covered with a folded blanket, still in the horizontal posture, and conveyed in a manner to embarrass his respiratory efforts as little as possible, to the nearest dwelling. He should be placed in an apartment where the circulation of air is free—warmth, by heated bricks or bottles of water, is to be immediately applied to his feet—and, by warm cloths, to his stomach and region of the heart. Gentle frictions with warm dry cloths are to be exercised, and if re-action is still reluctant, let the lips and nostrils be touched with ammonia—with Cologne water, or with warm spirits. A dash of cold water upon the face will produce a deep inspiration, and thus give an impulse to the circulation.

To exhibit any remedy by the mouth, while extreme prostration still exists, will only produce ineffectual efforts to swallow, and still more embarrassed respiration; but when respiration and partial consciousness are established, nothing is so grateful to the patient—nothing so refreshing, as a draught of cold water. For this, indeed, as soon as the patient is conscious of his wants, there is the most eager desire, which instinct should always be gratified. But if we have reason to believe that no

serious lesion has been inflicted upon important organs, especially the brain, and if re-action is still tardy, it is proper that warm wine and water, toddy, or a few drops of aqua animoniz, should be administered.

One of the most common and pernicious of popular errors (in this community at least), in regard to the treatment of cases such as I have described, is the conviction of the necessity of bloodletting. So impressed are the by-standers with this belief, that the attempt to obtain blood is often made by some intermeddler, before the case is seen by the surgeon; and if not, the latter is always importuned to use the lancet. The impropriety of resorting to it under such circumstances, is now, I believe, among surgeons, universally acknowledged. Fortunately, when the attempt is made, it ordinarily fails, in consequence of the languor of the circulation; but, could blood be copiously taken, it would only have the effect, either to defer, or perhaps altogether discourage the recuperative efforts of nature.

When, however, re-action has become established, and especially when it has been excessive, blood should always be taken in cases in which the shock has been considerable, or where organic injury has been inflicted upon any important part. Even although re-action may have been at length established, and some degree of inflammation and fever induced, the agitation of the nervous system and the morbid exercise of sympathy by no means necessarily cease. Vicissitudes of action and unequal excitement are liable still to occur. Perfect tranquillity should be enjoined, and usually it will be proper to compose the system by means of an anodyne. But the more promptly we may have cut short the period of primary irritation, the less serious will be the consecutive vascular and nervous derangement. These pathological states, indeed, bear to each other a relation analogous to that which exists between the cold and hot stages of an intermittent.

To avoid reiteration, we must necessarily defer the consideration of that variety of constitutional irritation resulting from burns, until we shall treat particularly of these injuries. I would remark, however, that those therapeutic principles which apply to other forms of irritation, are applicable here also, and we shall find the treatment of burns to be illustrated by that which we are now inculcating.

When constitutional irritation results from the action of a blister, spontaneous re-action would ordinarily soon result; but the affection is distressing, and to the patient alarming—sometimes, also, seriously protracted. It therefore demands our attention. The effectual remedy is a liberal anodyne in the form of tinct. opii, aided by external warmth and hot drinks, which dispel the more quickly the chill that usually accompanies the paroxysm.

I would here remark, that in all those cases in which the cause of irritation is for a time continued, and this pathological state in a degree protracted, narcotic anodynes are the legitimate antagonists of irritation, which they meet and neutralize in the nervous system. They constitute by far the most important class of our remedies; for, although they generally more or less excite the vascular system, they certainly obtund the sensibilities of those tissues on which irritants primarily act, and especially those of the nerves. They also, by their general influence on

the nervous system, arrest the morbid exercise of sympathy, and the communication of disease from one organ to another, or to the system.

In regard to constitutional irritation from surgical operations, we have an advantage not enjoyed in the treatment of other forms, since we may often anticipate its occurrence, and, in a degree, fortify the system against it. We also have it often in our power to select that period in the progress of the local affection propitious to the success of our operations; but this topic we shall discuss more fully under the head of amputations.

When we are about to execute a surgical operation of even trivial magnitude, upon a sensitive subject, it is prudent to administer thirty or forty drops of the tinct. opii, a few minutes before its execution. If the operation be one of formidable character, twice that quantity may be employed, care being taken to ascertain whether there exist any idiosyncrasy forbidding its use.

We are often importuned by those about to suffer severe operations, to render them insensible to pain by powerful narcotics. Immediate suffering might thus, it is true, be partially obviated, but we are well aware that the secondary effects of opium are productive of cerebral engorgement, and general irritability, circumstances extremely unfavorable to the happy results of most surgical operations.

The horizontal posture is that in which a patient best endures the infliction of pain, and, when possible, this should be employed. I have recently couched the eye of a gentleman, who had been previously thrice operated upon by an intelligent surgeon, who placed him in the usual sitting posture. After each operation, he had been immediately seized with tremors, sense of faintness, and vomiting, which greatly distressed the wounded organ, and probably assisted to defeat the complete success of the operation. Warned by these occurrences, I followed the advice of Dupuytren, and in operating on this gentleman, placed him in the recumbent posture on his bed, so that no locomotion was necessary after the operation. In the first instance, he completely escaped all unpleasant symptoms, and in the second, they were slight, and did not occur for some hours, and not till he had become a little exhausted by incautious exertion.

In operations necessarily protracted and painful, the prudent surgeon will, when practicable, give his patient the occasional respite of a moment from his suffering, in order to give the vital powers an opportunity to rally. An intelligent physician, on whom I recently performed lithotomy (in whose case there was peculiar difficulty, because the calculus was encysted), assured me that but for these moments of comparative rest, he must have lost all power of endurance, and perished on the table. At these moments the patient should also be allowed cool water, or wine and water. He should be cheered by the sustaining voice of hope, and assured of speedy relief. The operation should be performed with as much celerity as is consistent with precision. From time to time the pulse should be examined, and should it at any moment give evidence of extreme prostration, the operator must desist, if possible, till re-action is in some degree induced.

Should extreme pain persist, after a surgical operation, a liberal opiate (tinct. opii f. ʒi. to an adult) should be immediately administered, lest

the continuance of local irritation should further disturb the constitution. To preclude the occurrence of chills, such as often follow from severe, and in some, from slight operations, an anodyne may be given, the extremities be kept warm, and warm drinks be exhibited.

Constitutional irritation, induced by great loss of blood, furnishes a case of most perplexing character for the management of the surgeon. There is exhaustion, and yet there is at times over-action ;—we wish to increase the power to sustain, and yet we would sedulously avoid to increase action. At one moment the arteries bound with an apparent force, which will sometimes tempt the young surgeon to resort to the lancet ;—at another moment, their faint pulsations seem to demand the use of the most diffusible stimulants. These are both deceptive indications. In such a case, two objects are to be held in view ; the first—to restore and sustain power ; and the second—to obviate irritation, which is exhausting it by compelling it to excessive action. In all such cases there is some focus of irritation, or debility alone would be the consequence of loss of blood. The philosophical plan of treatment would therefore appear to consist in the judicious employment of anodynes, revulsives, corroborants, and in the use of nutrient, but unirritating aliments, and the careful avoidance of all moral and physical excitants. It is also highly important that the tendency to unequal excitement should be obviated by the suitable employment of local sedatives and stimulants, particularly cold and warmth.

Opium employed under these circumstances, exhibits far less of its stimulating influence than ordinarily. The occasionally increased action of the pulse is owing, not to permanent excitement in the heart and arteries, but to irritation, of which opium is the legitimate antagonist, and no sooner is a full anodyne exhibited, than the tumult of vascular action is assuaged. The salts of morphia will generally be found more salutary than opium. An idiosyncrasy might forbid the use of either, and then digitalis, or the extract of hyosciamus, may be employed.

The tonics resorted to, should be those which are but little stimulating, and which act especially on the stomach. Bitter vegetable infusions will, therefore, be selected, such as those of Columbo, quassia, &c. also the sulphate of quinine, in small doses. Preparations of iron are, perhaps, second to none in value. Porter, in small quantities, will often be found most salutary, by virtue of its anodyne, its tonic, and its nutrient qualities.

The secretions being defective, and often morbid in these cases, and the bowels usually slow, the pil. hydr. with rhubarb or aloes, will be found a salutary aperient. Harsh cathartics must be carefully avoided, for if gastro-enteric irritation do not already exist, it is easily induced.

Nothing can be more important in the management of these cases, than the observance of the most perfect tranquillity. Even the eye and ear should be placed at rest, by the absence of light and sound. So excitable is the nervous system, and especially the optic and auditory portions, that ordinary noises and light will alone keep up a perpetual excitement. I have recently treated a case of constitutional irritation from exhaustion, in which such was the exquisite tenderness of the eye, though there existed no evidence of inflammation, that not only was it necessary

to completely darken the room, but also to use a close screen over the eyes.

Whatever plan of treatment is pursued, however, it must be chronic, like the disease, and recovery must necessarily be slow and tedious.

The reader will observe that I have merely taken that view of this part of our subject which is most interesting to the surgeon. For more particular information, I must refer him to the writings of Marshall Hall and Mr. Travers. I would here remark, that when the febrile symptoms strongly qualify irritation from loss of blood, the case becomes one of irritative fever, and will be briefly discussed in its proper place.

North Amer. Arch. of Med. and Surg. Science.

THE DRESSING AND HEALING OF WOUNDS.

A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ.

GENTLEMEN,—You would observe, that after the completion of the operation in our patient Taylor, the flap was cleared from coagula, and the incisions were put together, and retained temporarily by a very few points of the interrupted suture. Lint dipped in cold water was then applied, and ordered to be renewed frequently for the first six or eight hours, until, in fact, all oozing had ceased, and the surface had become glazed. You are aware that this period is by much the most favorable for union. The parts are then exposed, and dried thoroughly, and any coagulum that may have formed betwixt the edges, is carefully and gently removed. Your object is then, after the removal of all impediment to union (and clot impedes), to retain the parts accurately, and with the least possible irritation of any kind. This indication is fully answered by the application which you have occasionally seen employed here. It consists of a very strong solution of isinglass in spirit. This is liquified by immersion of the vessel containing it in hot water, and it is readily spread on strips of oiled silk. These are applied in the interstices of the stitches. They speedily adhere, and so firmly, that the points of suture may with the utmost safety be removed within the first twelve hours after the operation. This dressing is not disturbed by serous or purulent discharge, and it is very seldom necessary to reapply it. The plaster adheres much more firmly than any other, and is not productive of the least irritation of the surface. If the strips should be ruffled or detached by any means, their ends are cut off, and fresh bits put on instead, without incurring the risk, by a removal of the whole plaster, of interrupting the adhesion.

The part interested is placed at rest, so that the muscles affecting it are relaxed. The bed-clothes are raised by a cradle or other contrivance, in order that there shall be a free circulation of air around. No other dressing is employed or required; neither ointments, pledgets, compresses, nor bandages. No one will, surely, now-a-days, pretend to say that there is any healing virtue in a composition of oil, lard, or wax, whatever absorbent earth or metallic oxide or salt may be stirred up and

incorporated with it. Those villainous compounds are applied with a view, it may be said, of facilitating the removal of dressings, and these dressings are applied for the purpose of approximating the edges and surfaces of wounds, and of absorbing discharges.

If the parts be kept cool, and no applications are made which can prevent the evaporation from the surface, the discharge will be but trifling and inconsiderable ; and as there are no dressings applied, there is no use in providing for their easy removal. If the divided surfaces do not come together readily without straining, pulling, and compressing, there is no chance of union resulting. The application of a bandage at all tightly, is productive of much uneasiness ; it interferes with the circulation ; it is thus hurtful. A slack bandage may not quite so much interfere with the curative processes, but it is useless ; and as no dressings are put on which need to be thus retained, we had better dispense entirely with its employment. I am as much awake to the benefit to be attained by bandaging, as any one can be ; but there must be a clear indication for its use,—some swelling to be got rid of, a certain position to be maintained, or a particular dressing to be kept in its place. When we cut sound structure, and have it in our power, as is then usually the case, to fashion our incisions as we choose, then we should be very much to blame indeed if we did not make them to correspond exactly, and to come together smoothly, without the aid of compression or deligation. There should be no occasion for rolling the limb from above downwards, “expending two or three five-yard rollers” in pushing and retaining the soft parts over the divided end of the bone, and thus preventing the retraction of the muscles. I have already said that, in the first instance, for any other purpose a bandage is not wanted, and must, if applied, rather prove inconvenient than otherwise ; interfering with the circulation, heating the parts, and retaining the discharges, keeping everything in a filthy state, and making the patient uncomfortable, a nuisance to himself and all those about him. I can recollect well the horrid stench that used to issue from a wound at the first dressing four or five days after operation,—the quantities of discharge, the state of the dressings,—soaked and dyed of all hues, black, brown, green, and yellow. You will find in some recent works ample directions for the methodical and “scientific” dressings of stumps. “The straps being adjusted,” you are told that it is proper to “apply a thick layer of spermaceti ointment, spread on lint, so as not only to cover the face of the stump, but that it may reach a good way up the limb ; over this lay a cushion of lint, securing all with a cross and a thin bandage.” A flannel nightcap used to be added, to make things look more comfortable. What was to be expected of all this coddling up of a wounded part ? What almost uniformly followed—viz. a profuse and rapid secretion of purulent matter, with no inconsiderable swelling. It was a source of wonder and mighty congratulation, when these did not result to their full extent, and when union was discovered to have at all ensued. But all this was of trifling moment in comparison with the state of irritation and feverish excitement in which a patient was kept for weeks by the sponging and soaking of the whole mass of dressing, the tearing away of bandages and plaisters, and their reapplication day after day. The first and after dressing were too truly

looked forward to, and dreaded by the patient, as much as, if not more than, the operation itself. Several bandages were again "expended" upon the limb, to within two inches of the end of the stump: and "when this is done, lay the stump down, and remove the straps *one at a time*, sponging away any matter, and cleaning the surface; reapplying a fresh one before a second be taken off, thus going on till all be finished, leaving every here and there a little opening in the line of the incision for the matter to steal away." Then came the spermaceti pledgets and the cushions of lint, the cross, and the roller, again. These quotations are from a recent work, and by a practical surgeon. In spite of all this care the bone used to peep out now and then, necrosis followed, and the patient, if he had vigor of constitution enough to bear up against the constant irritation and profuse discharge, got out of the surgeon's hands with a pointed, painful, and useless stump.

I cannot tell what the practice in hospitals is at this particular period, but the time was when surgeons were wont to follow, like a flock of wild geese, what they had seen practised by those who had gone before them. Now, gentlemen, I should have you to pursue no practice or recommendation, whatever the source, whether given in books or lectures, unless you have got, or can give, a most satisfactory reason for so doing. By pursuing the mode of dressing, the advantages of which I have endeavored to point out and exemplify, you will, in the first place, save the patient all the pain and suffering of which I have spoken, and I can assure you I have not overdrawn the picture. You will have the wound heal speedily, and with very little discharge. You can see, in fact, and without annoying the patient, what is going on, through the dressings. You can take means, by snipping the plaister a little, by the removing of one of the ligatures, for the escape of any little confined discharge; you remove the stitches very early, and have the means also of getting rid of the ligatures, as soon as they become detached. Any trifling discharge that does flow out is wiped away immediately from the taffeta covering the pillow on which the part is laid, and thus all fetor is prevented. In many cases the part lies easy and comfortable with the original dressings till the wound is closed, and the cure is completed. If, as now and then happens, slight œdema of the part should supervene, or if matter lodges after a free exit is provided, uniform support is given by bandage, so as to get rid of the swelling, or gentle compression is made with the view of diminishing the suppurating cavity.

Now, it happens that many wounds received accidentally can, from the circumstances in which they are placed, heal only by formation of new matter. The wound may have been made with a sharp instrument, and there may be no loss of substance, but it has perhaps run across the fibres, or the edges may not have been brought into exact contact, and discharge has been established. Or, again, there may have been bruising, or evulsion of a part, or lodgment of foreign matter.

Many wounds made purposely by the surgeon, as for the removal of morbid malignant growths involving the skin, must be repaired by granulation. No purpose can be answered by pulling together in any way by suture, plaister, or bandage, wounds of this kind. Any such attempt is

necessarily followed by much pain, inflammation, fever, and perhaps sloughing of the exposed surface, or of the surrounding integument.

Discharge, by which the action will be arrested, kept under or moderated, ought by all and every means to be encouraged. This indication is best answered by heat and moisture. Poultices afford these requisites, but they are upon the whole unpleasant and nasty applications. Even the simplest and best, the bread and water, is apt to become rancid, and very soon undergoes such alterations that it is no longer the same soothing epithem as when first applied. We here use (I think you must all be converts to the practice from the experience you have had of its efficacy) water-dressing; lint dipped in water of a temperature agreeable to the feelings of the patient, and that again covered by an ample piece of oiled silk to prevent evaporation. This is renewed from time to time, at intervals longer or shorter, according to circumstances, the quantity and quality of the discharge, &c. The object is to keep the part constantly moist, and lint of two or three folds will remain so for several hours. This dressing is simple enough, gives great comfort, and is unattended with fetor. So soon as the discharge becomes healthy and plentiful, and the surface is covered by granulations, when these begin to get at all large and flabby, then some gently-stimulating or astringent lotion, containing salts of zinc, copper, or alum, may be added gradually, the effects being watched. If the discharge be too much repressed, if the surface begins to be coated with lymph, or if these signs have been neglected, and the surrounding skin also begins to show marks of inflammation, the warm water alone is to be recurred to for a time.

You may have heard of *water dressing*, and it is no new practice to apply this simple element to wounds; Pare discovered that it was by far a more pleasing and curative application to wounds than boiling oils. Many army surgeons have had recourse to it, and the plan has been strongly recommended by a celebrated Dublin professor, not a practical surgeon I believe, and very strenuously claimed for him as a grand discovery by some of his pupils. Many of these gentlemen seem to me to have looked upon the *water* as the medicinal agent. They have applied it pure and of its natural temperature, and even in that state it is more congenial to a wound or sore than the plaisters and ointments of the Pharmacopœias, old or new. We, and I doubt not you, will also, when opportunities arise, make the application, but as a substitute, an elegant—if you can use such a term—and effectual one for a poultice, having all its good effects and none of its bad ones, viz. the weight and stench and adhesiveness. The great recommendation of these methods of managing wounds, whether to favor adhesion or cicatrization, is the immense saving of pain and annoyance to the patient, and the abridgment of the curative process. You will observe that no slopping, washing, or sponging the surface of sores, is here allowed. It is not, in fact, wanted. The skin, if soiled, which it seldom is when the proper system of dressing is followed, may be washed with soap and water, but interference with the granulating surface should never be encouraged or permitted. You see meddlesome dressers rubbing away, at no allowance, the tender surface of a sore, till it bleeds profusely, and the patient shrieks from agony of suffering. These people never seem to think that the

discharge is poured out for a beneficial purpose, to protect the exposed and tender surface from the influence of the atmosphere and changes of temperature.

When it is necessary to clean the neighborhood of a sore, a little fine tow should alone be used for the purpose. In hospital practice, the mischievous effects arising from the use of sponges in the wards is incalculable. A patient is admitted, say with a sore in a foul and sloughy state, attended with intolerably fetid discharge, thin and bloody. This condition may be the result of irregular living, of accumulation of filth, of inattention to changing the dressings, and so on. It is not at all necessary that there should be any specific poison applied or generated. The sore is washed, and probably the same sponge is used (it is not at all essential that the same basin and water should) for other patients laboring under wounds and sores. They all degenerate forthwith; they are inoculated with a virulent animal poison, and if proper and active measures be not instantly adopted, sloughing of granulations, of cicatrix, of integuments, and of cellular tissue, with great constitutional disturbance, will result in one and all. Much of the hospital gangrene which invaded and devastated hospitals was so occasioned. No doubt, whatever care may be taken in the best ventilated and regulated hospitals, an unfavorable change will now and then come over the cases, attributable clearly to the state of the atmosphere. But with the attention to the cautions I have given you, such alterations will prove much less frequent and much less dreadful in their consequences. I have had ample experience in this matter, and in an hospital which used to be most notoriously unhealthy. Before I took charge of it, sponges were indiscriminately used for the washing of all and sundry sores and sloughings, for the post-mortem examinations, and for the operations upon the living body. I need not tell you that a most strict and thorough search was made for all such fomites, and that they were, when found, destroyed; that means were taken to prevent their replacement amongst the nurses; that the only sponges in the hospital were those kept exclusively for operations, and under the immediate charge of the house surgeons. Wards badly constructed, and the constant abode of erysipelas and sloughing sores, became henceforward sweet, and so healthy, that, under ordinary circumstances, union of wounds seldom failed: no bad test, I can assure you, of their state and condition. When I have the pleasure of meeting you here again, we shall consider the best, most effectual, and most speedy means of bringing ulcers, whatever be their nature or condition, into the state of simple purulent ulcer,—a sore disposed to cicatrize.—*Lancet*.

OBLITERATION OF THE CAVITY OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Mrs. Cass, our somnambulist, died in March last, after four or five weeks illness. Previous to giving you an account of her last sickness, with the morbid appearances on examination after death, I have thought proper to send you the uterus (which by the leave of the husband

I kept) for a more particular examination. It was first put into a strong solution of corrosive sublimate, and afterwards taken out, and has since been kept in alcohol, with the addition of a little sublimate. This has given it a greater degree of hardness. It may therefore be necessary to wash it a few times in warm water to restore it to its former state.

On opening the pelvis, the appearance of the uterus was natural, but drawn and fixed more to the right side by the shortening of the right ligament (lateral). On the posterior surface of the right ovarium, was the appearance of cicatrization, much more apparent than you now find it. There were other marks of these parts having been at some former period the seat of violent and extensive inflammation—such as adhesions of the bladder, &c. But what I wish to call your attention to, is the uterus itself. Not anticipating anything peculiar in the state of this organ from its external appearance, I made those incisions which you perceive in the anterior part. The cavity between the fundus and the mouth of the os tincæ was absolutely obliterated. The extent of the cavity in the fundus you will perceive by the three threads. The triangular space included still retains, I think, its natural membrane—this cavity contained from one to two fluid drachms of dark and partly coagulated fluid, quite similar to what was discharged from the right ovarium. You will notice below the thread inserted in the os tincæ, the remains of the open mouth of the uterus. The os tincæ has entirely lost its original character, in shape and substance. The membrane covering the os tincæ, as well as that of the upper part of the vagina, you will perceive somewhat dark and porous, and at the time of examination showed strong indications of having been the seat of menstrual secretion. The examination was conducted in the presence of Dr. Barnard and a medical student, Mr. Hayes.

You will recollect that I alluded, in my communication, to some peculiarity of the menstrual secretions—that the discharges “were frequent and long-continued, but not profuse,” and that she was free from those symptomatic affections which so often attend uterine difficulties. Has the uterus participated at some former period in general inflammation of the pelvic viscera? If so, were its walls united by adhesive inflammation? Was this inflammation prior to the age of puberty? Has not the mucous membrane covering the os tincæ and lining the upper part of the vagina performed the menstrual function? Does not this account in some measure for the absence of the usual symptomatic affections?

The other prominent morbid appearances were principally confined to the stomach, spleen and liver—but more of this hereafter.

You will do me a favor in examining the uterus with some medical friend, and in giving me your opinion as soon as convenient.

Stanstead, L. C. June 10th, 1835.

Note.—The preparation alluded to in the above communication has been received. An examination will be made at a convenient time, in the presence of some of our distinguished anatomists, according to the request of the writer, to whom we again make acknowledgments for his favors.—ED.

CASE OF GANGRENOPSIS.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 10th, 1834, I was called to visit a son of Dea. G. Rigley, aged about 7 years. Was told he had been sick a day or two ; that he had taken physic, together with some domestic remedies, but that he retained nothing upon the stomach, not even cold water. Found considerable arterial excitement ; a frequent but not full pulse ; severe pain in the bowels, and tenderness on pressure upon the abdomen ; constant nausea and retching. After a fair trial, finding none of the common cathartics would be retained upon the stomach, applied a large blister to the epigastrium ; allowed him as small quantity only of liquids, as he could well subsist upon ; also directed an enema to be given. In a short time injection came away, and with it but very little fecal matter. R.—G. Opii et Hydrarg. Subm. āā 1-4 gr. curn pane 1-2 gr. Take a pill once in three hours, until he has taken three, then follow with Ol. Ric.

11th.—Blister has filled well ; stomach more quiet ; pills retained, but oil ejected. Continue pills until he has taken three more ; then follow with Sulph. Magnes. et Pul. Sen. ; also repeat injections.

12th.—Occasional vomiting, accompanied with much thirst ; pulse 120, but small ; injections have brought away some scibalous stools. In the course of the day several copious evacuations of the bowels took place, and the patient experienced much relief ; bowels much tinned.

13th.—Blister looks dry and very dark ; pulse small but rapid ; bowels much inflated ; inflammation of fauces and parotid glands ; general swelling externally of throat and face, exhibiting dark redness of the surface ; breath very fetid ; petechiæ upon different parts of the body, particularly about blister. Patient has all the appearance of approaching dissolution. R. Push antiseptics to as high a degree as is consistent.

14th.—Discharges of coagulated blood with the urine ; also repeated discharges of same from the bowels ; gangrenous ulceration of inside of the mouth and under lip commenced ; salivary glands pour out an exceedingly fetid and erosive fluid. Antiseptics appear to make no impression upon the disease ; friends thought him dying several times to-day. R. Free use of chloride of lime, also the acids.

16th.—Blister looks more healthy ; fever abated some, but gangrene extending over the lower lip.

20th.—Has continued much the same ; frequent discharges of blood ; gangrene continues to spread ; free use of nitrate of silver does not prevent its progress, nor does the use of it internally appear to abate the putrescent symptoms.

22d.—Appears brighter ; blister more healthy ; ulceration continues ; can take but little medicine ; takes quinine, wine and water, &c. Detached portions of what appears to be mucous membrane of the bladder and intestines have been discharged for several days past.

25th.—Cough, with attempts to expectorate ; but the little fellow has not power to discharge the fluid as it collects in his throat. Pulse small

and feeble ; very great emaciation ; occasionally low muttering delirium, with subsultus tendinum.

28th.—Removed with the forceps several portions of gangrenous muscle and pieces of tendons from inside the mouth.

30th.—Very feeble ; was told there had been much hemorrhage from the mouth and throat ; probably from ulceration.

June 1st.—Continues to live, but is exceedingly feeble ; retains his reason, is patient almost beyond endurance, and has exhibited a far greater degree of fortitude than is usually found among his seniors. Gangrene having now become extensive, the morbid parts highly offensive, and a line of separation having been drawn nearly the whole circumference, at the request of the lad, seconded by his father, I removed pretty much the whole of the diseased mass with the forceps and scissors. The portion removed included the whole of the lower lip, extending nearly to the bottom of the jaw bone, including the sides of mouth and a portion of the upper lip, involving the orbiculares muscle in the loss. A plaster was covered over the mouth, but the patient cannot now articulate. Consequent upon the loss of so much substance, the mouth cannot be filled with air ; guttural sounds are only made, and those not understood. The child is now an object of commiseration and of frightful mien to those unaccustomed to disease. His only method of taking drink or nourishment is through a tube inserted through the cork of a bottle.

After lingering two or three days more, he died. Indeed, no one could wish him to live, seeing the loss of the mouth could never be repaired.

Quere.—It may be noticed that the patient took only one and a half grains of calomel in the whole, and none after my third visit. Could the subsequent disease of the throat and mouth have arisen (as some malicious persons have asserted) from the use of that article ? And if it did arise from that cause, was the prescription injudicious ; or is there any other article which might have been substituted and retained as well upon the stomach ?

Albion, Me. June 9th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1835.

MEDICAL JOURNALS.

IN looking over our exchange journals, which have multiplied very considerably within the last few years, we were struck with the amount of valuable matter which is thus freely circulated in the United States. By this gradual gathering of the experience and observations of professional men throughout the country, the medical literature of the United States will very soon become exceedingly valuable. It is a subject of regret, which the conductors of periodicals have always felt, that there are fewer contributors than there should be in this extensive country. Certainly there can be no want of materials, even if nothing but practical facts

were recorded, wholly unaccompanied by the garnishings of theoretical speculations, in which physicians, more than any other class of learned men, seem disposed to indulge.

There is no other method by which the profession can so much and so immediately benefit each other and the world at large, as by frequently communicating the results of their clinical remarks on the character of diseases and the effects of remedies. Every practitioner gathers something of importance to the science of medicine; but unless he secures it while his recollections are vivid, though he may have been useful in the immediate circle of his patients, he cannot impart to another generation, which it is his duty to do, the valuable discoveries he may have made.

Evidence abounds, in the English and French periodicals, of the industry and unremitting labors of the profession in those countries. Every one seems to have found leisure for preparing something for the press; and though it is not always useful, it shows that the spirit of emulation, if not of philanthropy, urges them to observe and preserve both facts and suggestions, even if remotely related to the leading objects of medical journals.

It might be considered grossly unkind to state that there was any want of industry here, where the field is new and sufficiently ample for the ambition of any order of intellect. Still, it cannot be denied that we have to make more frequent requisitions upon European publications than is creditable to a country presenting such unlimited resources. Though their cases and imaginings are copied and recopied from one city to another, continually, it is a rare thing, indeed, to discover the reprint of an American medical report in foreign journals.

Notwithstanding the amount of manuscript received by us and other medical journals, it is yet very certain that not more than one physician in twenty, upon an average, throughout the United States, ever furnishes even a single line for the annals of medical literature. A fearfulness that some fancied inelegance may prove destructive to their intentions, undoubtedly restrains many of the most talented members of the profession from making contributions. Others are impressed with an opinion that whatever they may have in store, is too common and well understood already, and therefore wholly useless. It is desirable that a new impulse be given, or, at least, a new one felt, that the medical library-learning of the United States shall not fall below that high standard which it may easily be made to assume.

LUNG FEVER.

A highly respectable correspondent makes the following inquiry, and if any of our professional brethren of the city will answer the question, they will confer a favor. It is well known by every physician in Boston that the weekly bills of mortality are so unscientifically arranged, owing to no fault, however, of the superintendent of burials, that a committee was chosen at a comparatively recent meeting of the Medical Association, expressly with a view to correct this long neglected subject.

"I wish to inquire of the editor of the Journal what the profession in Boston understand by *lung fever*. I see nearly every week cases reported in connection, of death by lung fever and inflammation of the lungs, which appears to me a manifest contradiction in terms. I am not tenacious in regard to Nosology, and should be satisfied with Cullen's, Good's, Ho-

sack's, or any other approved system—or a collection from all the systems extant ;—but it appears to me a medical journalist ought to adhere to strictly medical language ; and if the cases are improperly put down in the bills of mortality, the editor, if he comprehends what diseases are meant, should translate them for the benefit of his readers, into a common language understood by all. I am inclined to think the term lung fever, like that of salt rheum, is used in a very loose way, and comprehends diseases of quite a variety of pathological character.”

PREMIUM FOR BREEDING LEECHES.

THE attention of physicians is solicited to the following liberal offer of a committee recently appointed by the Mass. Medical Society.

The subscribers, a committee for that purpose, by authority from the Massachusetts Med. Society, hereby offer a premium of FIVE HUNDRED DOLLARS to any person who shall actually within this Commonwealth, within SEVEN YEARS, breed and produce to the Committee, the best sample of not less than one thousand well grown LEECHES from a foreign stock, and equal for medicinal uses to the best imported leeches, on the following conditions :—

1. He shall make known in writing the process of breeding, feeding, maturing, and keeping the same, to the satisfaction of a committee of the Counsellors appointed for the purpose, that it may be published for the general good.

2. He shall make known in writing to the above Committee all facts, which may come to his knowledge, relating to the natural history and habits of leeches so produced, bred and matured from their birth to their arriving at full growth.

BENJAMIN SHURTLEFF.

WALTER CHANNING.

WILLIAM J. WALKER.

The Sphygmometer.—A work with this title is advertised in London, being a memoir to the French Institute on the advantages of an instrument which renders the action of the arteries apparent to the eye. By Dr. Julius Heriston, with an improvement of the instrument and prefatory remarks by the translator, Dr. F. S. Blundell.

Congenital Fistula Ani.—It is too frequently supposed, that with the exception of some malformations, and the effects of hereditary disease, the fœtus in utero is not subject to the various affections which present themselves in the adult. But experience daily disproves this supposition, which has been ably examined by the late M. Desormeaux, but we do not remember that he has enumerated fistula ani, an example of which Dr. Dorfmueller has lately seen in an infant, to which he was called immediately after its birth, for a swelling near the anus. On examination he found it to consist in a blind external fistula, extending nearly two inches along the gut ; the operation was performed when the child was four weeks old, and followed with complete success.—*Lancet*.

Influence of the Cerebellum on the Genitals.—In the last number of the *Gazette Médicale* of Paris, No. 17, M. St. Martin writes from Turin, that

Dr. Ferroresi obtained the cure of a young girl, who was afflicted with a most violent nymphomania, and two young men who suffered from an incorrigible habit of masturbation, "by the simple application of ice to the back of the head, behind the occipital protuberance."—*Ibid.*

Academy of Science, Paris.—The place of corresponding member, which was vacant in the section of medicine and surgery, was filled up on the 20th of April. The section presented a list of candidates in the following order: M. Prunelle, of Lyons; M. Bretonneau, of Tours; Dr. Abercrombie, of Edinburgh; M. Fleury, of Toulon; and M. Bellengeri, of Turin. Prunelle obtained 35 votes, Bretonneau 11, and Abercrombie 2. The first of these gentlemen was, accordingly, declared elected.—*Id.*

Conjectures relative to the cause of the night paroxysm in Inflammatory Diseases.—By PROFESSOR MARTINI. It is observed that, during sleep, some of the functions of organic life acquire increased energy, and that during this period, those of animal life are enfeebled in the same proportion. As, therefore, the greater number of diseases are seated in the apparatus of organic life, it follows that this class of functions must be disturbed at night. If, on the contrary, the disease be seated in the functions of animal life, there will be no night paroxysm, but rather a tendency to remission during this period.—*Journ. des Connais.*—*N. Amer. Arch.*

Prophylactic against Venereal Infection.—Dr. Erdmann remarks, that if the glans penis and prepuce be carefully washed with a strong solution of acetate of lead, after having connection with an infected female, the disease will not be communicated. A great many individuals who had adopted this precaution, entirely escaped the disease afterwards. It destroys the liability to absorption of the venereal virus, by giving rise to a hardening of the membrane.—*Græfe and Walther Journ.*—*Ibid.*

Ball in the Lungs.—This ball had penetrated the chest above the mamma, after having broken the head of the humerus. The limb was amputated at the shoulder joint, and the patient recovered speedily from the operation, but was liable to fits of dyspnœa and frequent hæmoptysis for twenty-five years after, at the end of which period he died. The ball was found behind the third intercostal space in the midst of the pulmonary tissue, which adhered in this place to the third and fourth ribs. The cavity in which the foreign body was lodged, was anfractured, and communicated with dilated bronchial tubes.—*Dub. Journ.*—*Ibid.*

Defiance to Disease.—My time has been almost divided between my saddle and my bed. I never knew what it was to be fatigued when I lived temperately and went early to rest. Such a life bade defiance to disease. A celebrated physician of the last century used to prescribe it to his patients. "Live," said he, "in a saddle." That riding is the most wholesome of all exercises, I have little doubt. Despite all the vile stuff that finds its road down his throat, who ever heard of a bilious post-boy?—*Nimrod's "Hunting Tour."*

TO CORRESPONDENTS.—The Cases of Malformation and of Puerperal Convulsions will be inserted next week.

DIED—In Marshfield, on the 16th inst. Dr. Charles Macomber, aged 55.

Whole number of deaths in Boston for the week ending June 20, 21. Males, 12—Females, 9.

Of fever, 1—throat distemper, 1—dropsy, 1—hooping cough, 1—bilious fever, 1—infantile, 1—lung fever, 2—consumption. 3—suicide, 1—child-bed, 2—debility, 1—dropsy on the brain, 1—disease of gland, 1—drowned, 1—fits, 1. Stillborn, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			<i>Fees</i>
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Surgery,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—tN1.

WALTER CHANNING, *Dean.*

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR

Boston, April 1, 1835.

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by DR. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 1, 1835.

[NO. 21.]

CASE OF CATALEPSY.

FROM A LECTURE DELIVERED AT THE JERVIS STREET HOSPITAL, DUBLIN, BY
ANDREW ELLIS, ESQ. SURG. ETC.

I now beg your particular attention to the case which has brought us together on the present occasion, and has naturally excited so much interest amongst you for some time past. It will be read to you as it was noted down in the case-book during its progress since the admission of the patient into the hospital :—

“ Ann Finn, aged eighteen years, eight months married, of rather full habit, with delicate skin, blue eyes, and fair complexion, was admitted into the Jervis Street Hospital on the 29th of June, for neuralgia of the right side, with which she had been afflicted for the preceding six weeks. At the time of admission there was much tenderness on pressure along the course of the sciatic nerve, from the hip to the knee. The slightest motion caused shooting pain in this direction, and it was acutely felt in the lumbar region on every attempt at coughing or sneezing. The pain was so severe at night that it prevented her from sleeping. Her general health was indifferent, being feverish, and in bad spirits. She was then (June 29th) about three months advanced in pregnancy. Various topical and general remedies were administered for five or six weeks, viz. locally, leeches, blisters, moxas, and liniments, were applied without advantage. Acupuncture was also made trial of. She was rather insensible to these external stimuli ; even the application of the moxa gave her but little uneasiness. The ointment of veratria, in the proportion of a scruple of veratria to an ounce of lard, was used, but, like the other applications, without the slightest beneficial effect. She took internally at different times, quinine, carbonate of iron, and anodynes of various descriptions ; but all medicines administered internally disagreed with her after a few days. About the latter end of July, as she found herself not improving in hospital, she stated her intention of returning to her friends in the country, and on the 1st of August, much to the surprise of every person in the hospital, she arose, dressed herself, and walked away apparently quite well. During her stay in the hospital she never left her bed, and for a few days previous to her departure she appeared to suffer more than usual. The fact of her thus suddenly recovering the use of the limb after long confinement, made some ill-natured persons suspect she had been malingering ; but this was as improbable as the suspicion was uncharitable and groundless. On the 23rd of October she was again admitted into the hospital, the pain in her thigh being nearly as bad as formerly. She stated that she had miscarried a few weeks after she left

Dublin in August, that she had been suffering nearly all the time she was in the country, from the affection of her side. She looked pale and dejected, but had not lost flesh.

Nov. 1.—A drunken man, a friend to one of the patients in the ward where she was, abused her for some imaginary offence, and threw her into a violent hysterical paroxysm; she was seized with a kind of retching, became nearly insensible, and her countenance was quite suffused. The globus hystericus was visible, rising in her throat. This fit lasted nearly an hour; and she appeared to be much exhausted after it. She had an attack of this kind almost every day up to the 9th instant, when the character of the paroxysm became altered, and the neuralgic affection appeared to have completely left her.

9.—In the fits to-day she commences by smiling, pushing out her legs, and clenching her fists so firmly that it is quite impossible to open them. The jaws also become closely locked; she twists her hands about, and then strikes the bed violently, or if any person endeavors to hold her she resists with all her force. She sometimes catches hold of her own hair, and if not prevented would tear it out in handfuls. She attempts to bite her own or any other person's hand which happens to be near her; and should she not succeed in her efforts she bites the bed-clothes, and if her feet be left loose, she kicks furiously in every direction. These paroxysms last only a few minutes, but they occur very frequently during the day, and are brought on by the slightest disturbance. In the intervals of the paroxysms she is tolerably well and in good spirits. She has retention of urine, and requires the use of the catheter; the urine is limpid, and secreted in considerable quantity.

13.—Fits continue without any alteration in character; the retention of urine also continues, and she requires the use of the catheter two or three times daily. She is perfectly intelligent, but has completely lost her speech. She hears, or will write or make signs to show that she perfectly understands, any question put to her, but is utterly incapable of articulating a single word. It appears that she had a paroxysm of long duration last night, and that she has not spoken since.

21.—Aphony continues, and the most insignificant monosyllable has not escaped her lips since the last report. She is perfectly intelligent in the intervals of the paroxysms, which occur more frequently and with greater violence than heretofore. To-day she exhibits a new phenomenon; after each paroxysm she becomes *cataleptic*. About a minute or two after one of the violent fits before described is over, and she appears to be quite recovered, she suddenly drops into a sound sleep, the countenance assumes the most perfect placidity, the eyes remain closed, and when the lid is raised the eyeball is seen turned upwards with the pupil dilated. She maintains whatever position she happens to be in at the time of seizure, with the exception that the fingers are suddenly bent backwards, extended. The arms, fingers, and head, retain any posture they are moved into, no matter how ludicrous or painful, apparently. The legs and feet become too rigid to admit of removal. The toes are always firmly and violently flexed. During this fit she is perfectly insensible to everything around her, and no stimulus appears to be capable of exciting consciousness. Having remained in this state for eight or ten

minutes, she recovers with a moan, and seems to suffer from pain in her left breast. These fits occur twenty or thirty times in twenty-four hours, and as frequently in the night as in the day. Retention of urine continues, but it is secreted in less quantity than before, and is full of mucus. She cannot now retain it as well as formerly, and requires the catheter four or five times in the twenty-four hours. The tongue and pulse are natural. She indicates by signs that she is affected with headache. Her appetite is bad, and she has scarcely slept at all since her re-admission into the hospital.

23.—The cataleptic fit comes on quite suddenly, continues longer than before, and *precedes* the furious paroxysms. The cataleptic attack is generally of about fifteen minutes duration, and the *subsequent* convulsion about three. When recovering she generally utters a few piercing moans, and places her hands on the left side of her thorax, as if she felt severe pain in the region of the heart. She suffers pain all over the abdomen, but it is manifestly the result of morbid sensibility in the nervous system, and quite different from the pain resulting from inflammatory action.

25.—The following is the order in which the stages of the paroxysm occur. She becomes suddenly cataleptic, perhaps while in the act of eating, drinking, or making signs in reply to questions which have been put to her. She continues insensible, in the position she happens to be in at the moment, for about fifteen or twenty minutes. She is then seized with a violent paroxysm, which lasts only a minute and a half, when the convulsion suddenly stops. She relapses into the cataleptic state, in which she continues about ten minutes, at the end of which time she instantaneously awakes, in possession of all her faculties except speech. The fits recur every five minutes, and the slightest degree of disturbance is capable of producing them at any moment. The pulse is not affected during the catalepsis.

26.—The catalepsis continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An ælian was played close to her ear, but she seemed to be unconscious of what was doing: her head was then placed over a bucket, and some cold water was dashed upon her. She screamed violently, but did not become conscious. She was spoken to on the epigastrium, the palms of the hands, and the soles of the feet. When she recovered from the fit, on being questioned as to whether she had heard the music or any person speaking, or if she felt the water, she answered by signs in the negative.

Dec. 1.—At 5 o'clock this evening she was seized with an extraordinary difficulty of breathing, which resembled a violent panting, the abdomen and thorax heaving alternately in a most remarkable manner. The respirations as counted by the motions of the chest were 120 in a minute, but by placing the hand immediately over the patient's mouth, it was ascertained that the admissions and expulsions of air into and from the lungs were very little, if any more frequent than natural. This new symptom has not in any degree interfered with the cataleptic seizures, which occur as frequently as before. The pulse weak and quick, beating 108 strokes

in a minute ; altogether she looks more emaciated and exhausted than she has since her admission into the hospital.

9th.—She has remained nearly in the same state as when last reported. The dyspnœa has never remitted even for an instant up to last night, when she had an hour's comfortable sleep. To-day her respiration occasionally stops suddenly and continues suspended for a minute ; her face becomes livid ; the arms, which at other times are easily flexed or moved, become quite rigid, and cannot be moved without considerable force ; the abdomen is enormously distended during the suspension of respiration, from which she recovers with a crowing noise, when the countenance, arms, and abdomen, instantaneously return to their natural state.

13.—She appears improved to-day ; had two hours' sleep last night. The spasmodic action of the diaphragm ceased altogether during sleep, and is not near so violent at any time as formerly. The catalepsy now lasts but a few minutes, and on recovering from it she is seized with a violent convulsive paroxysm, similar to that described on the 9th of November, with this difference, that she does not relapse into the cataleptic state on the subsidence of the convulsions, but is suddenly restored to her faculties.

17.—There was a slight appearance of the catamenia yesterday morning, which ceased in the evening ; in other respects she remains pretty much in the same state ; loss of speech and retention of urine still continue.

18.—No menstrual discharge yesterday, but this day it returned, and is abundant. The interruptions to respiration are frequent, and attended with congestion of the face, rigidity of the limbs, and tumefaction of the abdomen, as before.

21.—She can articulate a few insignificant monosyllables, such as ' yes ' and ' no ; ' the inordinate action of the diaphragm has nearly ceased.

25.—All this day the catalepsy never at any one time continued more than one or two minutes ; the convulsion, which is very violent, lasts three or four. She is sick, and had retching three or four times.

26.—About ten o'clock last night, the nurse being absent, she got out of bed to get a drink, her stomach became sick, and she vomited, she says, a clot of blood, and *immediately* found she could articulate. She now speaks as well as ever ; says she was always perfectly sensible except when affected with a fit, but on these occasions has no knowledge or idea whatever of anything that occurred.

29.—The catalepsy lasts not more than one minute. The paroxysm which succeeds is more violent than it has been at any former period. She strikes at every person about her, as if by design. She sometimes speaks whilst in the convulsion, which ends leaving her in a sort of idiotic stupor, which continues for two or three minutes.

January 3, 1835.—On this day she recovers from the convulsive paroxysm without its being succeeded with the ' idiot stupor.'

12.—Has continued as last reported, up to this day, when there is a slight appearance of menstruation. She has likewise been attacked with the inordinate action of the diaphragm, from which she has not suffered during the last three weeks.

16.—This day she stated, that having been thinking over various matters which occurred to her during the last two months, she recollected having heard a voice one day on the pit of the stomach while she was in a fit, and consequently otherwise insensible. On the occurrence of the first cataleptic attack after this communication, she was spoken to on the epigastrium as on the 26th of November; and on the subsidence of the fit, she could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch. However, she was incapable of distinguishing between the voices of different persons who spoke to her. She stated that the voice appeared to her as if it issued from a barrel, and that she could form no idea whatever of the state she was in.

February 1st.—She has been gradually improving ever since the last report, and is now able to get up and walk about the ward. She is sometimes seized with the catalepsis when in the erect posture, and *remains* so during the fit. Retention of urine continues, but in every other respect she appears to be steadily recovering.”

Such, gentlemen, is the history of Mrs. Finn's case; the details may appear to be unnecessarily tedious, but when you call to mind that the report introduces to your notice some *new* symptom or important change or modification of the disease, you must perceive the propriety of sacrificing a little time and attention to accuracy of description; for instance, the neuralgic affection, with which she was originally attacked, continued with little intermission for nearly six months, when it suddenly left her on the 1st of November, in consequence of the supervention of a paroxysm of hysteria. The cataleptic symptoms appeared for the first time on the 21st of the same month, and ever since that period the case has been of a mixed character, alternately presenting the symptoms both of hysteria and catalepsy. I will not now detain you with lengthened commentaries on the numerous, and I may add anomalous symptoms, which have been already described. However, there is one to which I feel it necessary to call your special attention: I allude to the loss of speech, which took place on the 13th of November, and did not return till the 25th of December. Although this symptom is by no means an uncommon occurrence in hysterical patients, I am not aware that there is any case on record in which *mutism* continued so long without interruption as in this instance. There is one mentioned by Andral, in which the patient, a female, 26 years old, suddenly recovered her speech at the end of ten days' dumbness. It is a curious fact, worthy of recollection, that in this instance, as in the case of our patient, the power of articulation returned immediately after a fit of vomiting. I regret to state this very strange phenomenon will not admit of a satisfactory explanation; it cannot be accounted for in the usual way by a reference either to a defect in the intellectual faculties, or paralysis of the tongue, as she was perfectly intelligent, and could move the tongue in every direction with the utmost facility, in the absence of the paroxysm; nor can we say with confidence, that the defect was in the larynx, inasmuch as she was capable of uttering “a crowing noise.”

The causes, progress, duration, and the pathological phenomena,

attendant on nervous diseases, are so variable, and so imperfectly understood, that it is impossible to lay down any one plan of treatment which will apply to all cases. In our prescriptions we should be guided by the circumstances peculiar to each individual case. In accordance with this principle the remedies employed in the case of Mrs. Finn were numerous, and varied as circumstances seemed to indicate. For example, when the paroxysms were violent and the countenance was suffused, leeches were occasionally applied either to the temples, spine, labia, or inguinal regions. Embrocations to the temples, and blisters to the nape of the neck, spine, and epigastrium, were also employed from time to time. Internally she got purgatives, antispasmodics, tonics, and emmenagogues of every description.

In concluding this protracted but interesting discussion, permit me to state, although I am vain enough to think that the plan of treatment adopted in this case had a beneficial influence in *moderating* the symptoms, that I ought not confidently to attribute the present improvement either to the skill of the medical attendant or the *specific* efficiency of his prescriptions.—*Lancet*.

CÆSAREAN OPERATION PERFORMED THREE TIMES WITH SUCCESS ON THE SAME WOMAN.

IN the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe* (Ed. G. A. Michaelis), Keil, 1833, we find the following case, in which Drs. Zwanck, Wiedemann, and Michaelis, were the operators, and which we now analyze and present to the English reader. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk (and then moved only with difficulty) till the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet (Prussian measure), and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labor came on at the end of forty weeks; as the head appeared to remain immovable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the following morning, by Dr. Zwanck, June 18, by an incision which divided the linea alba. Dr.

Seidel supported the parts exposed by this incision, with a cloth steeped in oil ; one or two folds of intestine protruded near the lower extremity of the wound, but they were soon returned ; an incision was now made into the uterus, and the child and placenta were extracted at the same time. A sharp hemorrhage from the division of the uterus was arrested by dropping cold water on it, and the organ became firmly contracted.

The child, a boy weighing about seven pounds, showed traces of recent death. The wound was closed with sticking plaster, covered with charpie, and supported by a bandage. The treatment at first was strictly antiphlogistic, and half a grain of acetate of morphine was administered every day : by degrees a more strengthening regimen, bark, &c. was substituted. The discharge through the wound was moderate, and after three weeks it was completely closed ; on the 20th of July the patient might be considered as cured, and the menstrual discharge returned eight weeks after the operation.

Dr. Zwanck attributes the excellent sleep enjoyed by the patient to the use of the morphine, which thus contributed to prevent the development of various accidents.

[The rapid cure and the absence of every dangerous symptom in the present case, are remarkable circumstances ; and although the use of the morphine, and abstinence from the suture which is generally employed, may appear to account for the success of the operation, yet other reports prove that a perfect cure may be obtained, under favorable conditions, when the constitution is sound and the patient is submissive, without our having recourse to this last resource.]

The above-mentioned female became pregnant a second time, after a lapse of three years, and was brought to the lying-in hospital of Keil, in December 1829. Since the last operation it was manifest that the uterus was united to the parietes of the abdomen at the inferior portion of the cicatrix ; and on the coming on of the labor pains, the extent of the union could be sufficiently perceived by the wrinkled lines produced in certain points ; the diameter of this might amount to one and a half inches. Upon internal examination the fœtus or its position could not be felt, but externally it was found that the buttocks lay upon the pubis. At the commencement of January (the last month of her pregnancy), the patient complained frequently of severe tension of the abdominal parietes. Enlarged veins were seen to cross the old cicatrix, the leech-bites partially opened, and one furnished a good deal of blood.

Labor commenced in the night in January 1830. On the morning of the 21st the os uteri began to dilate, and at four o'clock, P. M. its dilatation was about three fingers. The membranes now gave way, and a foot was distinguished. Under these circumstances the Cæsarean operation was performed by Dr. Wiedenmann, who preferred making his first incision along the left side of the linea alba. The placenta immediately presented itself in the wound. This was removed, the left arm of the child was seized, and the infant itself was extracted as far as the head. A contraction of the uterus soon set in, and the head followed a gentle traction. The child, a female, seven pounds in weight, was born alive. On this occasion three points of suture were applied, according to Graefe's plan, a small pledget of lint was laid in the lower angle of the

wound, and the whole was dressed with sticking-plaister, lint, &c. The progress of the wound now also was favorable, and in the beginning of March it was all cicatrized except in a few small spots. The secretion of milk appeared during this time, and the child took the breast, but died on the 19th of February from a species of *endurcissement* of the skin. Up to the middle of March a few points of the wound remained unclosed, and on examination there was found a fistulous orifice from which on pressure a little mucus-like fluid exuded. After several attempts to find the direction of the canal, the sound penetrated more than an inch into the uterus, which lay close under the cicatrix, and was firmly united to the integuments of the abdomen. Injections thrown into the fistula passed out through the vagina, and a muco-purulent fluid, in some quantity, also now came away through this channel. The fistula uteri resisted all attempts made to heal it, up to the patient's departure in March, although sometimes it appeared for a few days to be closed with a thin pellicle of skin. The whole anterior surface of the uterus now appeared to be united to the abdominal parietes, and the organ was so much drawn up that the os uteri could scarcely be reached above the os pubis with the finger.

The third pregnancy took place in June 1831. At this time the fistula was healed, and the patient had commenced to menstruate soon after her departure from the institution. She returned in March 1832, and in the end of the same month labor set in, when M. Michaelis (for the third time) performed the Cæsarean operation. He made his incision on the left side of the second cicatrix, and extracted a male child weighing 6 3-4 pounds. The placenta was easily loosened and brought away likewise. A severe hemorrhage, which followed the removal of the placenta, was arrested by dropping water from a sponge moderately elevated above the wound. The latter was dressed in such a manner as to guard against future hemorrhage. The patient's state continued favorable, and on the 16th of May only a few small points of the cicatrix were open, and these soon healed. The patient left the institution on the 27th, and since that time has continued to enjoy most excellent health.

This highly interesting and remarkable case gives M. Michaelis an opportunity of delivering some judicious remarks on the Cæsarean operation, to a few of which we shall allude.

1st. On the operations which have been performed several times with success on the same female. He refers to ten cases as the only ones to which no doubt can be attached.

2d. Cases in which the second operation was followed by the death of the mother ; and also examples of pregnancy after the Cæsarean section.

3rd. M. Michaelis strongly condemns the practice of suture, as likely to bring on inflammation, and hence he applies them as seldom as possible.

4th. The author notices 110 cases in which this operation was performed ; of these 62 died and 48 recovered. If we seek the causes of death, we find—From the immediate impression of the operation 2 ; convulsions 2 ; debility 3 ; hemorrhage 7 ; meteorismus 3 ; effusion into the abdomen without inflammation or hemorrhage 3 ; excessive softening of the bones 1 ; diarrhœa 1 ; inflammation 13 ; gangrene 8.

In order to calm the first impression of the operation, the author recommends the plentiful use of opium, and mentions that one of the patients took as much as 20 grs. of the acetate of morphine in the first few days. Experience has also convinced him, that perhaps the most important point of all in the treatment is, the early and sufficient emptying of the intestinal canal, which is the best means of promoting the discharge of the lochia. The 110 operations already noticed gave birth to 67 living, 29 dead, and 4 asphyxiated children; but perhaps the most curious circumstance of all is, the difference of mortality for the cases of repeated operation. 15 patients who had been operated upon became pregnant a second or third time, so as to furnish 18 cases; as two died from accidental laceration of the uterus, it remains to consider only 16; of these, 11 were operated upon with success for the mother, and 5 unsuccessfully for the mother: 8 children were saved and 7 died. Thus, if we take the relation of the above 16 cases, we find that the cures are to the deaths, in cases where the operation is performed for a second or third time, as 11 to 5, while the general mortality, or rather the relation of cures to deaths, is as 4 to 3 nearly.—*Ibid.*

A CASE OF PUERPERAL CONVULSIONS PRODUCED BY FRIGHT.

ENTIRE AMNESIA OF EVERY EVENT FROM THE OCCURRENCE OF THE INCIDENT THAT CAUSED THE FRIGHT, TO RECOVERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In looking over a former note-book, my attention was arrested by the following Case of Puerperal Convulsions which occurred in my practice at F—, in 1832. It was to me an interesting one, and some of the circumstances connected with it, are, I believe, rather unusual. If, in your opinion, the following brief history of it, as it was recorded in my diary at the time of its occurrence, is worthy of a place in your Journal, it is at your service.

As the patient and her family are highly respectable, and as a false delicacy may induce a desire to conceal the history of her sufferings, I shall from motives of prudence suppress all but the initial of her name and that of the place of her residence.

CASE.—On Septem. 13th, 1832, Mrs. N—, of F—, about 22 years of age, possessing ardent feelings, an excitable nervous system, and a constitution naturally delicate, was in her first pregnancy and near the proper time of her confinement, when one of her young brothers fell from a tree near her father's house, where she was then residing, and was taken up with a face much bruised, and in an apparently lifeless state. The parents of the boy were considerably alarmed by the accident, and brought him, *sans ceremonie*, immediately into the house. Considerable apprehension was entertained by the friends, that this casualty would have a very unfavorable effect upon the daughter. It did not, however, seem to affect her so much as was expected. I was called to the boy, and found him some mutilated, but revived, and after examining his wounds, I entertained but little doubt of his speedy recovery, which in

a short time took place. I mention this, to show that the first shock Mrs. N. received from the sight or tidings of her brother's mishap, was the probable cause of her after sufferings, though she appeared to sustain it with uncommon fortitude, and this was remarked by all who saw her. There was, however, if my memory rightly serves me, a composure of mind manifested on the occasion that almost amounted to an entire indifference. She, notwithstanding, rendered considerable assistance in the care of the young man, and nothing singular was noticed in her conversation or behavior during that day or the one succeeding it. On the 14th, in the evening, she was taken in labor. I was called and found the os uteri considerably dilated, and the head of the child presenting in the most favorable manner. Nothing unusual was observed by me or the attendants in anything she said or did. The pains continued about five hours regularly, but were not very strong. The head descended into the pelvis, and was almost on the point of being expelled, when the pains entirely ceased. I waited a suitable time for them to return; but finding there was but little prospect of it, and fearing from the position of the child I might lose it, I attempted to deliver, and with considerable, though with no undue effort, succeeded. On examination I found the head of another child presenting, which rapidly descended to the same place, but without her complaining of any pain, and there came to a stand. In a little time, in the same manner, I was under the necessity of delivering her of the other. They were both living and healthy female children, weighing about thirteen pounds. She conversed and seemed cheerful after her delivery, but during labor, there was, to every appearance, a total insensibility to any suffering, and there was noticed by her mother an unusual levity in her manner. This, however, was not observed by myself at the time, nor, I believe, by any other individual present.

I gave her a cordial, and left the room to congratulate her friends. But I was soon requested to return. On entering the chamber, I found her recovering from what was supposed to be an hysterical paroxysm. But a recurrence of a violent puerperal convulsion soon undeceived me. I immediately administered an opiate, with a saline enema, applied cold applications to the head, a warm bath to her feet and limbs, and abstracted about thirty-two ounces of blood from the arm. These exertions, however, gained but a brief respite. From their accession, she had already had three, which in about an hour were succeeded by another. I then gave her antispasmodics freely, and continued the external applications to the head, limbs, and feet. These consisted of coarse cloths wet every two or three minutes in the coldest water that could be obtained, for her head, and flannels similarly prepared in as hot water as could possibly be borne, for the extremities. After this, she laid about two or three hours in a quiet lethargic state. The attendants beginning now to relax, in some degree, their efforts in the employment of the external agents, their negligence was quickly followed by a return of paroxysms. On the recurrence of the fit, I immediately opened the same vein a second time, and let it bleed until the spasms had entirely left her. The paroxysm was long and violent, and during its continuance not far from thirty-two ounces more of blood were drawn. This was the fifth and last spasm. A slight re-action took place, that lasted, however, but a short time. She

afterward recovered in the most favorable manner, as though nothing had happened.

The immense quantity of blood that she lost appeared to debilitate her but very little ; and nothing unpleasant was produced by the cold applications, which with the warm ones were from the last fit continued a number of hours.

It is proper to remark, that she had never been subject to convulsions of any kind before, and that the treatment employed for her relief, appeared to be indicated by the symptoms. The large and repeated bleedings, with the external applications, however, were the only means, in my opinion, which were of any great service in relieving the patient. And if this opinion is at war with the supposition that these convulsions were produced by fright, I shall leave others to solve the difficulty, without attempting to do it myself.

There was evidently a fullness of the vessels of the brain, from too great a determination of blood to the head ; but whether this always is or is not the consequence of terror, I am unable from my own experience to decide. Be this as it may, I have presumed it to be the consequence in this individual case, and if others think differently when they shall have read the sequel, I hope I shall be favored with their reasons.

But the most prominent circumstances that led me to believe these convulsions were caused by fright, were these. After her last fit, she laid in a quiet sleep for a number of hours. When she awoke, she seemed to have awaked to a new existence ; forty-eight hours were entirely lost to her. She neither knew that she had had convulsions, nor that she had been confined. Neither did she remember any of the circumstances attending or preceding her confinement to the fall of her brother from the tree. Everything that was transacted within her knowledge antecedent to the accident of her brother, she recollected with perfect distinctness. But all she had done, and said, and saw, after that event, to the time of returning consciousness, she had not the most indistinct recollection of. Though the impressions she received after the brother's misfortune, to her recovery from convulsions, seemed to have been entirely obliterated from her mind, the power of recalling them was lost only for about five weeks, at the end of which time it was partially restored. She began to recollect some things which happened that were of considerable interest to her, but it seemed, as she expressed it, that a number of years had elapsed since they had transpired. These circumstances, therefore, make it appear evident to me, that the fright was the immediate cause of the convulsions.

Yours, respectfully,

L. W. SHERMAN.

Wrentham, Mass. June 16th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 1, 1835.

POPULAR LECTURES ON TIGHT LACING.

ON no account would we throw obstacles in the way of those, who, from the purest feelings of benevolence, are philanthropically engaged in disseminating useful knowledge. The spirit of the age is manifestly in favor of making all men, in all conditions of life, acquainted with the mystery of all arts, and with the general principles of those sciences which have for their object the moral elevation as well as physical welfare of the great human family. But there are boundaries, beyond which it is both impolitic as well as reprehensible in a public teacher to carry a miscellaneous audience :—because he only bewilders the hearer with a relation of facts, so far removed from the ordinary course of his cogitations, that instead of benefiting him in the manner ostensibly proposed, he confuses and distracts him with the consideration of things wholly foreign, and totally out of the sphere of ordinary comprehension.

We have been led to these reflections in consequence of having read, in some of the papers of the day, of the thrilling interest excited by the popular lectures *on the evils of tight lacing*, by a medical gentleman, who seems to have moved over a considerable tract of country, exhibiting such skilful acquaintance with the carpentry of the female thorax, as to leave the impression on the minds of some, that he is without a rival in the mysterious anatomy of the chest.

If females could be influenced to abandon a custom so destructive to health, as well as inconsistent with the development which nature designed of that particular section of the body which contains the vital organs, there would be something praiseworthy in the effort to convince them of the evil that has been practised, from mother to daughter, through successive generations. But they will not regard the admonitions of physicians ; and to lecture to ladies, assembled expressly for this purpose, is labor thrown away. Because there is something novel in hearing a learned man discourse publicly on a subject peculiar to the toilet of a lady, curiosity prompts everybody to go ; but the essential evils to which the female is predisposed, having their actual origin in the voluntary distortion she induces by habitually lacing her body in stays, cannot be mentioned—no, nor even adverted to by a well-bred professional gentleman, without forfeiting all claims to modesty, and offending those for whom he pretends to be laboring.

The question arises—Does the popular lecturer here adverted to, really feel that it is his bounden duty to reconnoitre all New England, and arouse the better part of creation to a sense of their dreadful physical condition ? Could there be any selfishness in taking the humble pittance of *twenty-five cents* a head, a little while since, in the city of New York, in exchange for a story upon the same sing-song business ? Is it possible that there can be any inordinate degree of hankering for notoriety—or a desire to be classed with those who go about doing good, for goodness sake ?

Far be it from us to begrudge two York shillings to any one ; the

laborer is worthy of his hire ;—but we cannot look with indifference on such itinerant doings—such undignified efforts, alike degrading to the individual and to the profession at large, without feeling that it is more important that female anatomy should be taught minutely in the theatre, than that the sex at large require any more insight into the physical condition of themselves, than every intelligent woman already understands.

There can be no possible objection to furnishing females with physiological works in which they may study their own organization ; indeed it is due them to be provided with plain, practical treatises ;—but this newly broached plan of collecting them by hundreds into churches and town halls—misses, maids and matrons, old men and boys—is so revolting to any one not wholly lost to a sense of delicacy and common propriety, that for the honor of the medical character we hope there will never be a repetition of these popular lectures on the evils of tight lacing.

IMPROVED EDITION OF GOOD'S STUDY OF MEDICINE.

REFERENCE was made in a late number of the *Journal* to an American edition of the above-named work, by Dr. A. Sidney Doane, of New York. The following particulars and remarks in regard to it are from the *U. S. Med. and Surg. Journal*.

“ We mentioned in our last, that the Messrs. Harpers, of New York, having lately received a copy of the last edition of this important work, have committed it to the press for immediate republication. The present edition appeared in London in December last ; it is a greatly enlarged copy, with additions from the last manuscript improvements of the learned author, and still farther increased in value by many additions of a practical character by the distinguished editor, Prof. Samuel Cooper, the writer of the popular surgical dictionary, and other works. The contemplated edition now about to appear from the accurate and excellent press of the Harpers, will include the whole work and emendations of Dr. Good, and all additions and improvements by Cooper ; and to these throughout will be still further added a large and copious body of practical notes by the American editor, Dr. A. Sidney Doane, of New York, who has for some time been advantageously known to professional readers and practitioners as a gentleman of eminent erudition and capacity. The notes and improvements of Dr. Doane will embrace the leading facts and principles of American practice ; and these researches of the editor will enable him to associate with the labors of Dr. Good a large amount of the opinions and observations which have resulted from the clinical experience of the most prominent American authors throughout the United States. It is believed that the fidelity with which this act of justice will be performed towards the character and capacities of native writers in different parts of our widely-extended country, will give to the projected undertaking a consideration far superior to that of any former edition of this elaborate and valuable work.

We feel justified in thus noticing the present edition of the *Study of Medicine*, inasmuch as we have carefully examined the 1st volume already printed ; and if Dr. Doane continues to exercise the same industry and judgment throughout the book, we feel satisfied that the profession will be subjected to lasting obligations to him for his services.

We are informed that some few weeks must necessarily elapse before the appearance of the present work, as it is extensive and will be executed

in a very beautiful manner ; it will be included in two large octavo volumes, and offered for sale at a very reasonable price."

Medical Appointment.—Dr. M. S. Perry, of this city, was on the 24th, elected, by the Directors of the House of Industry, Physician of that Institution, as successor to Dr. McKean, whose term of service has expired.

Cuprum Ammoniatum in St. Vitus's Dance.—The favorable effect of this medicine on St. Vitus's dance, I had an opportunity to observe in the cases of some individuals, girls between ten and fifteen years old. I will here give the briefest possible account of the most interesting of those cases.

O. a healthy, though delicately built girl of ten years, got, without known cause, convulsion and spastic movements in the left arm, which in a few days extended themselves over the whole body, in so much, that the patient, uninterruptedly given up to an involuntary play of the muscles, was tossed about on her bed incessantly, in an agitated manner, that was horrible to behold. Delusions of sense did not take place ; consciousness was present ; yet the patient could not answer the questions asked her, for over the tongue also the control of the will had ceased. The pulse was frequent, hard, tight, the respiration hurried : all secretions and excretions pretty regular. In being lifted up, the patient exhibited a weightiness as of lead, only during sleep of many hours did rest come on.

As to some other patients, with whom chorea appeared as mere nervous derangement, I ordered to O. also cupr. amm. and though the enormous intensity and the extent of the evil sometimes went nigh to weaken my confidence in this remedy, yet from the short duration of the suffering, I had on the other hand every hope. The patient, therefore, took, &c.

R. Cupri sulph. amm. gr. tria.
Solve in aquæ distill. uncia una.

Daily three times, twelve drops to be taken in half a cup of oat-gruel ; every three days each dose to be increased three drops.

The result exceeded my anticipation, for hardly had the child taken two glasses of the drops, when she was almost without any ailment, but some weakness in the left arm. The convalescent now took the medicine only twice a day, and washed the as yet unserviceable arm with spirituous lotions. After eighteen grains of the medicine had been consumed, O. might be looked on as cured, and now, after six years, is still quite well. For the rest, as is usual in administered metalline remedies, the drops were increased until they excited illness, and thenceforward continually diminished.—*Medicinische Zeitung.*—*N. Amer. Arch.*

New Operation for the Radical Cure of Hernia.—M. Gerdy, Surgeon to the *Hôpital St. Louis*, Paris, communicated to the Academy of Medicine, on the 7th of April, the following method to obtain the above object. It consists in pushing, with the extremity of the finger, the skin, which is to be reversed, and doubled on itself, like the finger of a glove, while it is forced into the hernial orifice and canal. 2d. In fixing the bottom of this sacciform prolongation to the anterior parietes of the hernial canal by three or four points of suture. 3rd. Causing inflammation of the sac thus formed, by ammonia, so as to produce adhesion of its sides and obliteration. 4th. Finally, and to make the success of this operation more

certain, the exterior opening of the inverted sac may be closed by a few points of suture. This operation, which is but little painful, very innocent, and which may be performed without making a single incision, closes the hernial orifice and canal by a solid plug of skin. M. Gerdy has just performed it with success at *St. Louis*: in the case of the first patient operated on, on the 12th of March, the adherences were complete on the 7th or 8th day, and the hernia is now radically cured. A second patient was operated upon on the 27th with equal success.—*Lancet*.

Hospital Statistics.—A report of the General Hospital at Breslau for the year 1833, in the *Berlin Med. Zeitung*, No. 5, 1835, gives the following statistics: At the end of the preceding year there remained in the hospital 228 patients. During 1833 there were received 2375. Of these, 1831 were affected as follows:—

Medical Cases.

Fevers	608
Inflammations	188
Skin diseases and pock	385
Effusions	250
Neuroses	98
Mental Affections	70

Surgical Cases.

Various injuries	120
Abscesses	174
Tumors	112
Fractures and dislocations	62
Herniæ	4
Gangrene	8
Syphilis	293

Of the 2603 patients contained in the hospital during the year, 410 died. Hence the mortality may be considered as 1 for 6.348780 of those treated.—*Ibid*.

Internal Administration of Emplast. Cantharidis.—Mr. Batten, surgeon, of Tooley Street, says, "Having had an adult under treatment for chronic diarrhœa, which had reduced her to a condition of extreme inanition, and finding neither antiphlogistic, counter-irritant, nor tonic remedies avail in its subjugation, she was put under a course of emp. canth. in the form of pill, and which was selected from a mass of that substance of the most pure and active quality. She took eight grains daily, for the space of a fortnight, which had the effect of re-establishing her health in the most gratifying manner, and without causing her to suffer any inconvenience. A series of instances similar to the foregoing might be narrated."—*Ibid*.

Hemicrania cured by Acetate of Morphine applied endermically.—Dr. Magister, in a memoir in the *Gazette Médicale de Paris*, for October 4th last, endeavors to show that hemicrania is a neuralgia generally seated in the ramifications of the nerves distributed to the temporal and orbital regions, though it may sometimes be caused by nervous sympathy, the primary irritation being in an organ or nerve remote from these regions.

The best treatment for this disease, even when symptomatic, is, he says, the application of acetate of morphia to the derna denuded of cuticle by the ammoniacal ointment. Several cases illustrative of the efficacy of this treatment are given.—*Amer. Journ. of the Med. Sci.*

TO CORRESPONDENTS.—The interesting Communications of Drs. Comstock and M. L. North were received too late for this number.

DIED—At New York, Dr. William McCaffry, aged 47.

Whole number of deaths in Boston for the week ending June 20, 23. Males, 9—Females, 14.

Of tumor on the liver, 1—old age, 4—child-bed, 1—syphilis, 1—debility, 2—fits, 1—lung fever, 2—dropsy, 2—inflammation of the lungs, 1—consumption, 3—scarlet fever, 1—phthisis, 1—infantile, 1—dyspepsia, 1. Stillborn, 1.

ADVERTISEMENTS.

DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

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JOSEPH H. FLINT,
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AUSTIN FLINT.

NORTHAMPTON, MASS.

Instruction in modern Dentistry will be given for a small additional compensation.
May 13.

cop6m

VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclosing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

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Boston, February 3, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 8, 1835.

[NO. 22.]

MEDICAL CASES.

FROM THE MEMOIRS OF JAMES JACKSON, JR. M.D.

Organic Disease of the Stomach.

DEC. 30, 1829.—Examination of J. R. J. R. was a man of an uncommonly strong and muscular frame. He lived to the age of 72 in the enjoyment, until very recently, of the most uninterrupted good health. He drank cold water, and in general was a man of very temperate habits in all points; but his friends thought that, of plain food and drink he took a very good share, and he might perhaps be called a large eater. He was accustomed to take much and regular exercise, and had thus preserved an excellent habit of body.

During the last summer, having had occasion to take a long journey, he suffered great exposure and fatigue, and there was induced a very troublesome and serious costiveness, which was overcome with some difficulty. Shortly afterward, in October, he experienced a difficulty in swallowing, which was soon followed by a vomiting of his food. For these symptoms he was treated with emetics, &c. in hopes of throwing off the disease; but in vain.

The costiveness and difficulty of swallowing, without nausea, or loss of appetite, continued. He had pain, though not extreme, about the epigastrium, a little to the right of the ensiform cartilage. The difficulty of swallowing was somewhat diminished, when he laid upon the left side. For the last fortnight he had continually vomited a bloody fluid, of a coffee-ground aspect. These brief notices of his case I gathered from his physician, who was kind enough to invite me to attend the post-mortem examination.

Autopsy. External Appearances.—Body by no means extremely emaciated, but had lost some flesh. Tumor in left axilla, which was examined; it was nearly as large as a common kidney, was mostly composed of fat, with some glandular matter, indurated, and of a reddish gray color.

Thorax.—The organs in this cavity were in a remarkably healthy state.

Abdomen.—On opening into this cavity, there was first perceived a tumor, of more than an inch in diameter, between the *omentum minus* and the stomach. This, upon being opened, was found to be partly fatty, partly an indurated scirrhus mass. Opening the stomach, there were observed many dark spots, of an eighth of an inch, or more, in diameter, scattered about its mucous membrane. These were probably owing, or perhaps we may say certainly owing, to the coagulation of the

blood effused from the mouths of the vessels in this membrane. Passing the finger from the cardiac orifice, for about four inches up the œsophagus, there was felt, first, a considerable stricture, and, secondly, a thickening and induration of the part. On a more close inspection of the parts, as they laid, there was found a very perceptible tumor upon the right and outer part of the œsophagus, but it was not connected with the tumor of which I have before spoken.

Here, then, was the main seat of the disease ; and on cutting into the œsophagus, that we might view the internal coat, we found one very considerable patch of this completely ulcerated ; and on rubbing the organ with the sponge, without violence, the mucous membrane was seen with a ragged edge, and became immediately detached, so as to be raised for the space of three quarters of an inch, towards the upper part, with perfect ease. The pyloric orifice was somewhat diseased, being a little thickened and indurated ; but very evidently the most essential part of the disease, as well as that which was most clearly indicated by the symptoms, was at and about the cardiac orifice.

The left lobe of the liver was uncommonly small ; its extremity not reaching to the left side of the spine. Indeed the whole organ was of a very small size, but was very healthy in its aspect. The gall-bladder was much distended with black bile.

The small intestines were of an unusually small calibre ; not sufficiently large, for the most part, to admit the entrance of the middle finger, as I should judge ; for I did not make the experiment. The accumulation of fat about the parts in the internal cavities was very observable, as it generally is in old subjects.

Remarks.—1st. It has occurred to me whether the absence of nausea and of anorexy was not in part owing to the seat of the disease ; or, in other words, had there been disease of a similar character and equal in amount within the very cavity of the stomach, would not these affections have been more likely to ensue ?

2d. The fact of his being better able to swallow when inclining to the left side, is explained by the seat of the tumor in the œsophagus, which was mostly upon the right.

3d. In what way shall we reconcile the sudden occurrence of symptoms, which began to appear in the autumn (the patient having previously enjoyed good health), with such a mass of disease, which must have been a long time forming ? My father thinks that the fatigue and exposure during the journey, and the costiveness induced thereby, acted as exciting causes to an aggravation of the local disease. Thus ulceration and the consequent symptoms and sufferings ensued. We may learn from this the importance of avoiding all such exciting causes, as much as possible, during any serious chronic local disease ; as by the practice of this preventive method we may retard the issue of the same, although its termination may be sooner or later necessarily fatal.

ON THE ANIMAL ORIGIN OF FEVERS.

[Communicated for the Boston Medical and Surgical Journal.]

THAT all vegetables, even the driest wood, contain water, will not be denied. Dr. Good says that one-sixth of the driest and hardest wood is water. And that all water contains animals, may be proved by the *hydro-oxygen microscope*. There is no putrefaction without water, and therefore none in which animals are not involved. Consequently, so far as fevers are occasioned by putrefaction, their source can be traced to animal putrefaction.

Water is not a vegetable, but an elementary substance, containing abundance of animalculæ. A plate representing a single drop of water now lies before me, which is said to be "a very faithful representation of the appearance of a drop of water, as magnified by the astonishing powers of this microscope." Upon this engraving may be counted no less than 45 animal figures, respecting which, and the element containing them, and the powers of the microscope, the writer says, that "A single drop of water is magnified into an ocean, and teems with monsters of the most grotesque and frightful shapes and dimensions."* And the writer has certainly not exaggerated his subject; for of all the hideous reptiles which earth, air or water presents to the eye, some of these are the most terrific. This, however, is not the place to expatiate upon this part of our subject.

The present writer, in a former communication, which the editor of the Journal did him the honor to publish, adverted to the subject of microscopic animals, generated, or evolved, by vegetable putrefaction; and especially to an experiment of a former president of Yale College, Dr. Dwight, who illuminated every subject he touched, and they were many. The Doctor subjected pepper to putrefaction, and by a microscope discerned myriads of animals, which dying, gave out an offensive stench, and were succeeded by others. If a substance so acrid as pepper affords animalculæ, there can be no doubt of their existence in all other vegetable products. The putrid coffee, therefore, to which the celebrated Rush imputed the origin of the yellow fever of 1793, doubtless was a putrefaction of myriads of animals in their vegetable nidus. Rain water, suffered long to stand, owes its offensive smell to the same cause.

Dr. Bancroft refers yellow fever to marsh miasmata, and every writer upon intermittents has imputed them to this same source.

But leaving microscopic animals for those more tangible and visible, where, we may inquire, is the marsh to be found which does not abound with animals, either aquatic or terrene, dead from disease or age, or with the excretions and exuvia of such? We may safely answer, nowhere. The *malaria* of Rome is the aerial exuvia of the *old* world, poisoning the *new*.

We are aware of the arguments of those who assert that animal putrefaction is *not* hurtful. These gentlemen, some of them standing in the very first ranks of the profession, medical and philosophical, tell us of the

* Philadelphia Saturday Courier of June 6, 1835. The *Hydro-Oxygen Microscope* magnifies "2,400,640 times."

immunity of grave-diggers, butchers, tanners, curriers, removers of graveyards recent and remote, and of bodies which the graves contained, in all stages of putrefaction. In reply to those who thus refer everything to vegetable decomposition, we may say that the surface of the whole earth, every spring and summer, undergoes vegetable putrefaction. The grasses, the grains and the germs, which are killed by winter, suffer decomposition in spring and summer. How immense the mischief, upon what a vast scale the contamination of the air, compared with all that grave-diggers, butchers, dissectors, fishmongers, and the dwellers near offal-yards, are subjected to, from the putrefaction of matters strictly animal. But the whole train of facts adduced by our opponents only serves to show that animal putrescency is not so pernicious, alone, as when it is combined with vegetable. Animal putrescency, when uncombined, often produces ammonia, which is a wholesome effluvia. It is thus that the most offensive smells are not the most deleterious; for ammonia, although it may not *predominate*, may *exist* in such a quantity as to render animal putrefaction innocuous. But when this product is not evolved, we are not without facts to show the pernicious properties of animal putrescency, and that the immunity from animal decomposition is by no means without exceptions.

The effects of putrescency depend very much upon the calmness of the atmosphere, upon the degree of heat, the long continuance of a high temperature, and the length of time that persons are subjected to its contaminating influence, without change of place, change of diet, and change of dress. We always like to see principles illustrated by facts, and both facts and principles by cases.

The present writer, a few years past, attended the family of a wealthy and very intelligent farmer, whose three sons, and negro boy, had each an attack of typhous fever, which in two of the sons, and in the colored boy, put on severe and malignant symptoms. The lady of the house, her two daughters, and colored girl, had nothing of it. Mr. Mason, the gentleman referred to, observed that he was at a great loss to determine the source of this illness, as his family, and that of his father, had usually been very healthy, and especially free from fevers. But, he continued, he thought that he had discovered, at length, the cause. A dead sheep was found, in a very offensive state, near the path where all those affected went and came to and from their summer labors on the farm.

A respectable physician, in a neighboring town, informed the writer that in a certain family several of the members had malignant fevers, which proved fatal to one of them. It was a season, he remarked, in which fevers did not prevail. None of their neighbors were sick, and he was perfectly at a loss to determine the cause, when it was at length discovered that a barrel of putrid brine, which had been left by a family that removed from the house in the spring, was in one of the rooms, and which being covered by a quantity of lumber, had escaped notice, until discovered, in searching for the source of the family illness.

There is an account, in one of the numbers of the New York Medical Repository, of a malignant fever in a family, the cause of which was finally traced to some barrels of putrefying beef, in the cellar, which had not been sufficiently salted.

The yellow fever of 1798, at New London, Conn. was imputed to some damaged codfish, which were found in a store, near where the first cases of fever had their origin.

But it may be conceded, as before intimated, that the most offensive animal matters are not attended with the most disastrous consequences. None will deny the existence of jail, hospital, and camp fevers. These fevers arise from animal deterioration, from the effluvia of the congregated inmates contaminating the air ; but still, there may be no absolute putrefaction. We know of deaths from air bad, but still not putrid. The perspiration, the breath, the dress, the ulcers, and the effluvia, of those who eat much animal food, are more to be dreaded than those of persons who live upon vegetables. And this gives the reason why the armies of this country suffer more from fever, diarrhœa, and dysentery, than those of any other nation in the known world, in proportion to their numbers. There is no nation on earth which is so bountifully supplied with pork, beef, veal, poultry, milk, eggs, and butter, as our own ; and there is none in which a congregated mass of inhabitants are so liable to suffer.

But no one will deny that those fevers which have their source within the patient's own system, are of animal origin. We, who are in medical practice, have such cases of fever, not unfrequently. A deficiency of absorption, perhaps a paralytic state of the absorbents, leaves the exhaled fluids to putrefy, or at least to deteriorate, and hence a sporadic case of fever ensues. The cases of fever, here referred to, may be compared to the system being inoculated with the spontaneous evolution, and rapid deposition, of its own decomposed fluids. The exhalants first act, whilst the absorbents cease to do their duty. Next, there is a chemical change in the accumulated blood, or serum, the salivary, pancreatic, biliary, or perspirable matters. And it may be not unworthy of remark, that repletion in the venous system, over eating, or over drinking, may have the same, or very similar consequences, to those of animal fluids, actually extravasated ; especially if there be a torpid state of the bowels, and indigestion. Or, on the other hand, when the gastric juice has too great activity, and the powers of life are diminished in the coats of the stomach, the mucous coat of the latter may be eroded or abraded.

A very accurate observer and celebrated physician, of my acquaintance, gave me the history of a patient whom he lost, and whose body he examined after death, in the intestinal tract of which there was found a hole of the size of about a six cent piece. And the late Dr. Pascalis, of New York, relates a case, in which *post-mortem inspection* presented a hole, quite through all the coats of the stomach, produced by the action, as he supposed, of the gastric juice. The Doctor's opinion was, that this erosion took place by the action of the gastric juice, after the patient's death. But the probability is, that it began, and was partially accomplished, before dissolution, and was, in fact, its principal cause.

In Rhode Island, there are far more manufacturing establishments, in proportion to the number of inhabitants, than in any other State in the Union. These, in their early establishment, lost many of their operatives by fevers. And that these fevers were of animal origin, from the effluvia of the congregated mass of workmen, together with the animal oil used, seems proved from their often being prevalent in winter and spring, when

there was no marsh miasm. In the cold seasons of the year, factories are warmed by means of stoves, and the windows and doors are closed against the free access of pure air. Hence, in them, as in jails and camps, fevers are observed to be as frequent, and as fatal, in winter as in summer. In summer, free ventilation does much to remedy the evil ; but it does not, in every instance, do it away entirely. The present writer, who formerly practised in that State, had a number of cases of typhous fever under his care among the operatives of a small cotton-mill, in the very hot summer of 1811. It was, however, a *year* of fevers, apparently not much influenced by changes of weather, or succession of seasons. In the south county, Washington, where he resided, there were four successive years, viz. from 1810 to 1814, both inclusive, in which the typhous fever prevailed, bidding defiance to all changes of weather. From July of the former year, to the autumn of the latter, there was not the exception of a single day, in which he had not some patient, and often a considerable number, ill with that fever. In none of the other counties of that little State did it continue so long, although in the counties of Providence and Kent there was a short period, in that space, in which the manufacturing establishments suffered considerable mortality. The winter of 1811—12 was unusually severe, and it was then, that, in the writer's circle of practice, the number and the severity of the cases were greatest. Not many cases, however, occurred in factories, for they were small, and their numbers few, in the southern section of the State. But typhous fever prevailed in small villages, and in the open country. The severity of winter brought, as it ever brings, the members of every family more into contact, in their houses and about their firesides ; and consequently more concentrated animal effluvia.

No one disputes the animal origin of contagion. But waiving, for the present, the question respecting the strictly contagious nature of typhous fever, to me it appears that the occult qualities of the air, to which Sydenham imputed so much febrile mischief, act on the animal secretions and excretions, generally ; and that these animal deteriorations produce fever, in those who are predisposed, from original aptitude in the robust, and acquired aptitude in the feeble, to be acted on by animal poisons. Many hale persons suffer much in a crowded assembly ; many feeble ones, still more ; while some, of each class, do not suffer at all. Hence, one person will receive the seeds of fever, in sickly seasons, who has only been inhaling impure animal air in a crowded assembly ; whilst another is insusceptible of a febrile impression, and watches and nurses, and spends his days and nights with the sick, with impunity. Unacclimated persons, who have this susceptibility, sometimes suffer very speedily by being only a short time exposed to the effluvia of a predisposed crowd of people, none of whom are sick. As an instance of this, I may mention the case of the Hon. James Burrill, who belonged to Providence, 30 miles distant. He was then State's attorney, and, like some of my other patients, was seized suddenly ; for whilst in a state of apparent health, attending to his business in the court-house, he was taken severely and unable to go home ; he had the fever at his inn. He had not been among the sick, and the fever at that time did not prevail in Providence ; but the crowd in the court-house was undoubtedly *breathing out* the seeds

of that fever, which was prevailing in the county. We may remark, that Mr. Burrill's constitution was, naturally, far from being robust, and that he afterwards died with consumption, at the city of Washington, whilst there on his duty as a member of the United States' Senate. A brilliant, but evanescent meteor.

We will here advert to one or two other cases of the same kind.

Dr. Eddy, a physician of Providence, of my acquaintance, went from thence to one of the West India islands, on account of his health, he being in a consumption. He there contracted the yellow fever, of which he died. But I believe that he saw no person with that disease; nor do I recollect that it was said to have been prevalent at that time in the island where he was.* But there was undoubtedly a predisposition, among the associates of Dr. Eddy, to that West Indian disease.

The prevalence of yellow fever on board ships, near docks, and filthy stores, on the seaboard, points at once to *animal miasm* as its source. There is no *marsh miasmata* at sea, where the yellow fever has often commenced, which in my mind entirely prostrates the position of its origin from that cause, as assumed by Dr. Bancroft, an English physician. He might just as well impute *scurvy* to *marsh miasmata*.

Every animal body has its exuvia; its castings off, into the interior of the alimentary canal, into the interior or exterior of the lungs; within the skull, within or without the *dura mater*; into the ventricles, or sinuses of the brain, its substance or meninges. The meningeal artery may be ruptured, by jumping from a moderate height, or by a fall, or by a blow, as it has been by a blow on the head by the fist. The arteries, and veins, and glands, and cellular substance, as well as the bilious and urinary vesica, are all liable to suffer from deposition exceeding absorption; or from absorption, taking up the bile and urine into the general circulation, before its proper time to pass off by its natural channels. All and each of these events may produce fevers; and fevers, thus produced, are indisputably of animal origin. Perishing from poverty, and its incidental diseases, as 75 per cent. of the poor of Ireland are supposed, by medical men, to do, is the result of animal action, fluid or solid, upon the animal system. And the typhous fevers of the same class have a similar origin, with the aid of external exhalations, from animal filth.

All contagious diseases, as before intimated, are, past all controversy, of animal origin. No one ever dreamed of smallpox, or syphilis, or measles, or psora, being generated by vegetable putrefaction. Those diseases, therefore, whose causes are positively and indisputably known, are of animal origin.

The predisposition to receive the seeds of fever, and to have them germinate into a febrile disease, is an animal idiosyncrasy. No infectious locality, never so highly saturated with putrefaction, or with emanations from the sick, was ever known to affect all equally, who were equally exposed. Even in the plague of London, and of Alexandria in Egypt, when numbers were sick, dying, and dead, many enjoyed as good, or even better health, than usual. And the same thing has happened in New York and New Orleans, during the cholera and yellow fever.

* I have just learned that a Mr. Edgerton is dead with cholera, at New Orleans, who went from this town, in consumption, a few weeks past.

The hydro-oxygen microscope owes its name to its being lighted by the burning of hydrogen and oxygen gases, upon lime, at the moment of their junction. A light is thus produced, more brilliant than the sun, or any other known light, and a magnifying power produced by the instrument, as before observed, of nearly two and a half million of times. It bids fair to analyze the whole visible creation, more accurately than fire, or any other chemical agent. From the numerous animals brought to light, by its astonishing powers, in a single drop of pure water, we are brought, past resistance, to doubt of there being any such process as vegetable putrefaction, unconnected, at the same time, with animal. The blood and the muscles yield the same chemical results, and should both turn out to be a congeries of animalcules, it would not be surprising.

I am, Mr. Editor, yours very truly, JOSEPH COMSTOCK, M.D.
Lebanon, Ct. June 20th, 1835.

CASE OF MALFORMATION.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 12th, 1835, attended the accouchment of Mrs. H. wife of John Holmes, of Freedom—a young healthy woman, and mother of four healthy children. She had been about twelve hours in labor when I saw her. I was informed that her pains had been regular until about an hour and a half before my arrival, when they became irregular, distressing her much through the back and hips. On examination, found a shoulder and hand presentation, the fingers projecting beyond the apex of the shoulder. Finding the os uteri well dilated, and the head of the child not very large, I pressed back the shoulder; the occiput very readily presented, and in a few minutes she was delivered of a full grown but deformed male child, apparently more dead than alive, which in about a minute respired and cried feebly.

I did not here follow the direction of authors in such cases made and provided; why should I? What necessity here for the formal and tedious operation of turning, when the simple method of putting back the shoulder restored the child to its natural presentation? Before the mother had any knowledge of the deformity, she was questioned respecting her impressions of marks or fright, and replied that she had no suspicions of any marks or deformity; nor had she been frightened, except two days ago she was some agitated on account of a dispute between another man and her husband. I put these questions that I might the more readily convince the attendants of the absurdity of the Aristotelean doctrine so prevalent among women in many parts of the country.

The child lived only about 15 minutes. The left fore arm, on inspection, was found reflected upon the humerus, and by reason of the shortness of the flexor muscles could not be extended. The hand of the same arm had four fingers but no thumb, nor was the hand so formed as to indicate the want of an additional member; indeed there was no place for a thumb. The left thigh was flexed upon the abdomen, and the leg

upon the back part of the thigh, and neither of them could be straightened on account of the shortness of the muscles of flexion. The foot of the same side was turned up on the malleolus ; had but two toes, and those imperfect. The anus was wholly wanting ; upon the most minute examination with a small probe, none could be discovered—nothing but a slight indentation where the anus should have been. The penis was imperfect, as well as *imperforate* ; the urethra supposed to be wanting, as I could not discover any passage by a close inspection with a very small probe. The penis had an hour-glass appearance : growing as if it were about to form the head, half an inch from its origin in the pubis, then commencing anew a bulbous growth about the same length as the first portion, and terminating in the usual appearance of that organ, save the urethra.

I do not know that the above case can be of any practical utility, yet the facts may be worth preserving. I wish to make a few remarks upon obstetric practice, since I have deviated, and do occasionally deviate, from the square and compass method of authors. I do not think our lecturers upon this subject were formerly practical enough. I had always been taught that the placenta should not often be removed per force ; that it was dangerous, &c. Some eight or ten years ago I was called to visit a woman in labor ; it was the first case of the kind I had ever attended ; it was not a difficult one. In a few hours the child was born, but the placenta did not come away ; after a while I made slight attempts to remove it by the cord, but without effect. I waited again for after pains ; but although pretty good, they did not expel it. In about an hour and a half more, there being considerable hemorrhage, I made another unsuccessful effort by pulling upon the cord as much as I supposed it would possibly bear without separating ; waited half an hour longer, and still the placenta remained, but the flowing had now become very alarming, and the patient fainted repeatedly. An old practitioner was now sent for, and speedily arrived. Finding he could not succeed by extension of the cord, he introduced his hand and peeled off the placenta, which he said adhered to the walls of the uterus, and in three minutes removed the whole of it. The patient was then put to bed, and the hemorrhage soon ceased. Now this patient probably would have lost her life had she not received timely assistance. Yet I had never been taught the *urgent* necessity of resorting to violent measures as I supposed this to be, believing the hemorrhage would thereby be increased, and I chose to be held responsible for the sin of omission rather than that of commission. Since that time I have usually made it my practice to remove the placenta very soon after the birth of the child, by force if necessary ; and notwithstanding I have had a large share of obstetric cases for country practice, yet I have never in a single instance found any alarming symptoms arise from such a course, but on the contrary am enabled very early to place my patients comfortably in bed.

I have had two cases of hour-glass contraction, in which I succeeded by much effort in bringing away the placenta, although the attempt was made in a quarter of an hour after the birth. Had I waited for voluntary expulsion, four, five, or, as some advise, twenty-four hours, and found it necessary then, could the removal have been as easily made by manual operation ? or if we have waited long and patiently, how can we know

whether there is an hour-glass contraction or not, if we have neglected to introduce the hand ? and if we have made the introduction, why not remove the foreign body at once ? The existence of hour-glass contractions has been questioned by some, but the two cases I have had were so distinctly marked, that it appears to me a novice might have detected them.

Albion, Me. June 9th, 1835.

ON GANGRENOUS EROSION OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Permit me, through your columns, to offer to Doctor Fuller, of Maine, and to your other readers, a few brief considerations to show that calomel had nothing to do with the fatal termination of the case described in your 20th number.

1st. *The supposition is contrary to all analogy.*—There is not an article in the list of remedial agents—I mean an uniform article whose constituents are invariable—that proves innocuous and salutary in ninety-nine cases, and yet in the hundredth is a fatal poison. The suggestion is at war with the most common-sense maxims. Besides, the analogy fails in another particular. Whoever heard of any substance used for therapeutical purposes, of which 1 1-2 grain—as in the case above alluded to—could overthrow the powers of the system, while ten times the amount would be perfectly safe ? There is not a parallel in all the *Materia Medica* to the supposition under discussion.

2d. *We never attribute to mercurial preparations the large patches of mortification that occur in cynanche maligna, or the gangrene that occurs in the toes of old people.*—Yet these diseases are as specific, both in respect to symptoms and location, as the gangrenous erosion of the face. The former diseases occur usually without any previous medication, and, therefore, mercury is not blamed. The gangrene of the face, being frequently the sequel to other complaints, and the preparations of mercury by their incomparably useful qualities being employed in nearly all acute and dangerous disorders among practical men, there is opportunity for prejudiced friends, as well as intriguing professional men, to pronounce dogmatically that the *post hoc* is the *propter hoc* : that the horrid and ghastly disease in question is the effect of a few grains of calomel ! The fact is, that in all these cases of mortification, the local loss of life is, like the petechiæ of purpura hemorrhagica, a symptom—an effect—of some grave and dangerous lesion of the whole fabric.

3d. *I have never witnessed a severe inflammation of the mouth, whether from mercurial ptyalism, quinsy, putrid sore throat or ranula, that was not accompanied by an offensive odor, so similar in all these instances, as naturally to suggest to anxious friends and nurses the agency of calomel in the disease in question.*—We ought not to wonder, however much we may be grieved, that men so little accustomed to close investigation of cause and effect as many of our employers are, should confound the cause of diseases so widely different as mercurial salivation and gangrenous erosion.

But, lastly, the cases already recorded in our journals are sufficient to place this matter beyond all doubt.—I have time and space only to refer to them : but they should be within reach of every practitioner who is liable to incur the censure of his employers, simply because he is called to treat a disease of this distressing and dangerous character.

Dr. Jackson, of Northumberland, Penn. has published in the 12th Volume of the Philadelphia Medical Recorder, several cases of this disease, in some of which no mercury had been given. Dr. Young, of the same State, in the American Journal of the Medical Sciences for May, 1831, states that he had seen fourteen cases. In his treatment he uniformly used calomel as a cathartic, and with great success ; but not a word is said of calomel or other mercurial medicines being the cause of these complaints. Dr. Hempsted, of Ohio, in the 3d Volume of the Boston Medical and Surgical Journal, p. 30, has given a particular statement of six cases, in three of which no calomel or mercury had been used. Dr. Lovell, of the United States army, treated several cases of the complaint at Buffalo, in 1814, in which there had not been a particle of calomel or mercury used previous to their attack. The symptoms and treatment are both described in Mann's Medical Sketches, p. 164.

Now if testimony can ever settle this point, it has already been done. The above authorities are abundantly sufficient to satisfy any reasonable mind ; and although they may not absolutely remove the prejudices of friends or silence the clamors of dishonorable men in our ranks, they certainly should relieve us from any ill-founded apprehensions that may tend to restrain us in the *proper* employment of this highly useful article.

Hartford, June 27, 1835.

M. L. NORTH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 8, 1835.

MODERN PRACTICE OF MEDICINE.

It must hereafter be regarded as a singular circumstance in the history of medicine, that in this particular age, distinctly marked by the progress of mind in the collection of facts, the treatment of diseases is so often of secondary importance. Critical observations on the minute character of some bronchial râle, or the obscure indications of a morbid condition of an air cell, are beginning to be more interesting to some, than an application of remedies for the subduction of diseases.

According to modern notions, traceable to a Gallic origin, it is scientific to watch the phenomena of diseases, but vulgar as well as unphilosophical to make any attempts to disturb the regular laws by which they are governed. Thus it is continually said of eminent practitioners, in relation to curative measures, that they do nothing at all. "*Nature leads,*" was the observation of Hippocrates ; which to a certain extent is unquestionably true ; but if it is to be understood that the sick cannot be benefited by the administration of medicines, and this doctrine is to prevail, how melancholy is it to reflect on the loss of time that has been un-

profitably devoted during more than three thousand years to the acquisition of that kind of knowledge erroneously supposed useful in lessening the miseries of human life.

In physic, as well as in the constructive arts, there is a fashionable era. Innumerable modes, varying in principle as well as in form, have been proposed for treating the various maladies to which man is incident, but not one of them has been perfectly satisfactory to all. Because medicine is a progressive science, many appear to feel licensed to take what liberties they please with the deductions of those who have gone before. At the rate, therefore, which modern pathologists are advancing, it will soon be difficult to discover a relationship between the present system and those of the old masters, whose opinions once commanded respect.

It is curious, notwithstanding this pretended *advancement*, to observe, that it has neither arrested the tendency of disease, nor limited the bills of mortality. With all the exhibitions which are made of profound thought upon the exact character and quality of these messengers of death, it is doubtful whether any improvement has been made in the treatment of many diseases in Europe, if credit is to be given to the publications of the élite. Those foreign opinions, which consider the most desirable issue of any disease to be one that opens an opportunity for inspecting its locality, are somewhat contagious; and it is greatly to be feared that the effect, in the sequel, will be decidedly unfavorable, if some counteracting influence is not opposed. The new and absurd course of leaving the sick to get well as they can, because nature is disposed to help those who cannot help themselves, deserves the strong censure and condemnation of all honest men. However amusing it may be to keep pace with the speculations of medical philosophers, actual practitioners should be extremely cautious in the adoption of any new system which has not positively been demonstrated to be superior to those already shown to be good and almost unexceptionable.

HUNTERIAN MANUSCRIPTS.

In the course of an examination of Mr. William Clift, before a select committee, of the House of Commons, on medical education, a most extraordinary and unlooked-for development was made of the unaccountable conduct of the late eminently distinguished Sir Everard Home, known the world over as an acceptable and prolific writer on physiology. It seems that a great proportion if not all of those ingenious and highly curious papers which were given from time to time in his name, for a series of years, to the Royal Society, and published at great expense in their transactions, were actually *stolen* from the late Mr. Hunter's manuscripts, the property of the nation, kept in the Hunterian museum. To make all sure, and forever prevent the discovery of his meanness, the originals were utterly destroyed—to the amount of *ten large folio volumes!* Being one of the curators of the museum, he had a complete control of the papers, and was thus enabled to carry on his illegal, dishonest literary pursuits in medical philosophy, uninterruptedly, through life. Mr. Clift could testify positively to the fact—as he wrote, when a pupil of Mr. Hunter's, a large share of the whole mass, under the author's directions and under his own eye. He says that many of Sir Everard's communications were, verbatim, Mr. Hunter's language; and moreover, drawings accompanied those manuscripts, which were copied. Some of the original

illustrations have been found in the museum, and this fact, therefore, places some part of the story beyond a doubt. Nothing could have been more surprising than this strange discovery, and the learned will wait impatiently to know the result of the whole inquiry.

Baron Heurteloup.—This distinguished operator—who probably has a better practical knowledge of lithotripsy than any other living surgeon—has recently had occasion to speak of the success of his practice in the English hospitals. Out of sixteen patients, none have had any return of the complaint, though some of them were operated upon four or five years ago. Samuel Goodge, a seaman, operated upon in May 1830, who died three years after of a disease of the chest, was carefully examined by the medical officers of Greenwich hospital, but not the smallest particle of a stone was discoverable in the bladder. The Baron operated on a man by the name of Newton, at St. George's Hospital, who unfortunately died of apoplexy during the treatment. On opening the body, the stone, of which considerable had been voided, was found almost entirely pulverized. The walls of the bladder were untouched, and therefore exhibited no traces of irritation, which is a positive proof against a prevalent idea that the instruments are apt to injure the organ. The Baron is now a resident of London.

As it should be.—Mr. Wakley, not long ago, moved in the British House of Commons for copies of all the documents which have been issued by the Worshipful Company of Apothecaries in London, for enforcing the attendance of medical students on lectures and hospital practice. There has been gross neglect there, as well as here. No man should be permitted to sell a drug without having a scientific knowledge of his profession. Apothecaries would find it as much to their advantage to attend two courses of medical lectures during their apprenticeship, as the practitioner who makes the prescription.

Rewards for Vaccination.—In one of the late numbers of the *Gazette Médicale*, of Paris, is a list of one hundred and seven medical men and *sage-femmes*, who have received gold and silver medals from the Royal Academy, for their praiseworthy exertions in propagating kine pock inoculation.

Issues.—The plan of introducing issues, says Mr. Liston in a recent lecture, to compensate for the discharge from an ulcer which has been some time open, has rather got out of fashion; but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. I have known several instances of a fatal termination ensuing very soon after the closure of old ulcers. Nature often seems to establish them for the prevention, relief or cure, of internal diseases.

Pessaries.—We are extremely gratified to learn that Dr. Brewer's pessary, which was minutely described in this Journal some weeks ago, meets universal approbation. The best evidence of its utility is the fact that the inventor had not one on hand the last week, such had been the demand for it.

Statistics of Poisoning in France.—It results from the researches of Dr. Chevallier, a member of the Academy of Medicine in Paris, and of M. Boys de Loury—1st. That within seven years 273 individuals have been tried for administering poison ; of whom 171 have been acquitted, and 102 condemned. 2dly. That the poisons employed were in 54 cases arsenic, in 7 verdigris, in 5 cantharides, in 5 perchlorure of mercury, in 4 nux vomica, in 3 powder for the destruction of flies, in 2 nitric acid, in 1 sulphur of arsenic, in 1 emetic tartar, in 1 opium, in 1 acetate of lead, in 1 white lead, in 1 sulphuric acid, in 1 sulphate of zinc, in 1 mercurial ointment, in 5 poisons not named. 3dly. That the assigned motives for the crimes have been—in 28 cases interest, in 24 libertinism, in 15 vengeance, in 10 jealousy, and in 6 madness. 4thly. In 28 out of 81 cases the poison was administered in broth, in 8 cases in milk, 7 in flour, 4 in medicine ; twice it was introduced immediately into the mouth, twice in coffee, once in cider, and once in a fowl. It has been remarked that in many cases the taste communicated by the poisonous substance has saved the victims, and that in others the color of the poison has been a salutary warning. Hence Messrs. Chevallier and Boys de Loury conclude that poisonings would be less frequent if poisonous substances were colored or rendered sapid.

Parisian Hospitals.—From official returns lodged at the bureau of the Prefect of the Seine, it appears that the receipts of the Parisian hospitals, for the year 1833, amounted to 10,186,388 francs (nearly 408,000*l.*) the whole of which appears to have been expended. The principal receipts are from rents (*loyers fermages*), 1,136,271 francs ; government grants (*rentes sur l'état*), 4,201,472 francs ; from the city of Paris, 5,238,000 francs. The lowest item of receipt is individual aid (*rentes sur les particuliers*), 11,000 francs ; the income from the Mont de Piété, or licensed pawn-shops, 231,970 francs ; from the theatres they draw 60,000 francs ; they also draw 400,000 from the departments, for the support of the maternity section of the hospitals, it being presumed that the little foundlings are not all of Parisian parents. Of the expenses, the chief head is that for food and treatment of the poor (for be it remembered that many patients in the French hospitals pay for their maintenance and medical treatment, the item of receipts for this being 386,100 francs), amounting to 3,627,906 francs ; then comes out-of-door assistance, 1,516,025 francs ; foundlings and orphans, 1,450,000 ; *materiel*, bed-clothes, &c. 1,381,478 francs ; and expenses of management, 1,135,442 francs. The localities for relief are of three kinds. First, the hospital establishments, 24 in number ; of these, 13 are hospitals or establishments for the sick, and contain 5,337 beds ; and 11 are infirmaries (*hospices*) for the old and infirm, as also for orphans, in which 11,740 persons may be maintained. The total of the beds of these hospitals and infirmaries is 17,077. The second kind of relief is afforded at certain asylums and schools ; the number relieved by this means in 1833 was 68,986. The third class includes the foundlings.

Indian Doctor's Bill.—A curious trial came on in April, last year, in the Court of Requests, Calcutta, for a native doctor's bill, charged at 314 rupees. There were 14 items, consisting mostly of gold leaf, pearls, and other precious things, dissolved, or said to be dissolved, and made

into pills. One of them professed to consist of the navels of goats and monkeys, brought from the Persian Gulf, and mingled with musk.—One hundred rupees had been paid in advance, and the commissioner thinking it enough, the case was dismissed. This trial exhibits a fair picture of what sometimes occurred in Europe before the healing art assumed the character of a science.

Hydrocephalus.—Dr. Dorfmueller notices briefly in *Siebold's Journal* a case of remarkable hydrocephalus, cured by the sole efforts of nature. This occurred in the person of a male infant, aged eighteen months, to whom the author was called, with a view to pronounce if the child was fit for vaccination. The head was three times larger than that of an adult, and the infant was unable to support it, but laid its head constantly on the breasts of its mother; the fontanelles were very large, and the head felt soft and pasty. The rest of the body was tender and weakly, and of a natural size. The author left the infant with the idea that it could not survive many months; but after a lapse of five years, being called on to give some assistance to the mother, he took the opportunity of inquiring after the child, when he was astonished not only to hear that it was alive, but to find on examination that the child's head was now even less than the natural size, while the bones were completely united and felt hard. The body was well built, and of its proper magnitude. The mental faculties were developed in a moderate degree, and the parents affirmed that this fortunate result occurred without the assistance of any medical aid whatever.—*Lancet*.

Use of Chloruret of Lime in Blenorrrhagia.—Professor Graefe, of Berlin, was among the first to employ this remedy in inflammatory discharges from the urethra; and so favorably did he augur of its good effects, as to state that it would cure the disease when copaiba and cubebæ had failed. It was used both internally, either in the form of mixture or of pills, and externally as an injection: the formula for the pills is as follows:—Take of the chloruret one drachm, of extract of opium nine grains, and as much gum as may be necessary to form a consistent mass, which is then to be divided into fifty-four pills. At first, one may be taken every two or three hours; and the dose is to be gradually increased till eight, ten, or twelve are taken every hour. The injection is made by dissolving twenty-four grains of the chloruret in six ounces of water, and adding half a drachm of the vinum opii. The strength must be regulated according to the irritability of the canal. This treatment has been successfully adopted in acute as well as in chronic cases; but it is in the latter set chiefly that the greatest benefit has been obtained. As a matter of course, if the irritation produced exceed certain limits, we must omit the use of the chlorurets, and resort to a more soothing treatment. In one patient, who had had a gleet for two years, the discharge was stopped in the course of ten days.—*Trav. de la Soc. Med.*—*Amer. Journ. of the Med. Sci.*

DIED—In this city, Caleb H. Snow, M.D. aged 39—In Whitfield, N. H. of lung fever, Dr. Benj. F. Sanborn, aged 32.

Whole number of deaths in Boston for the week ending July 4, 22. Males, 13—Females, 9.
Of bowel complaint, 1—bursting bloodvessel, 1—convulsions, 1—child-bed, 1—consumption, 4—dropsy, 1—fits, 1—inflammation of the bladder, 1—inflammation of the brain, 1—infantile, 2—lung fever, 1—measles, 1—old age, 1—palsy, 1—scarlet fever, 2—unknown, 2. Stillborn, 4.

1835 June	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Mon. 1	60.00	75.00	67.50	29.70	29.85	29.775	Cumuli	N W	.10	Rain and SW, m.
Tues. 2	55.00	84.00	69.50	29.92	29.96	29.940	"	"		
Wed. 3	61.00	63.00	60.50	30.08	30.15	30.115	"	E		Thermometer 58° a.
Thur. 4	54.00	83.00	68.50	29.90	30.15	30.025	"	S W		Do m.
Frid. 5	65.00	85.00	75.00	29.65	29.80	29.725	Cumu. strat.	"	.10	Rain, a.
Satur. 6	62.00	71.00	66.50	29.80	30.00	29.900	Cumuli	S E		
Sun. 7	52.00	61.00	55.50	30.20	30.40	30.300	"	"		Stratus and E, m.
Mon. 8	46.00	74.00	60.00	30.40	30.45	30.425	Cirri	S W		
Tues. 9	48.00	78.00	63.00	30.00	30.25	30.125	Cirrus	"		
Wed. 10	60.00	73.00	61.50	30.00	30.20	30.100	Cir. c. strat.	E	.10	Rain, a. Th. 50, a. ☉ a.
Thur. 11	50.00	71.00	60.50	30.10	30.25	30.175	Cirrus	S W		Stratus and E, m.
Frid. 12	60.00	79.50	69.75	30.05	30.10	30.075	Cir. c. strat.	"	.12	Rain during the night
Satur. 13	63.00	87.00	75.00	29.90	30.05	29.975	Cumuli	"	.40	Nimbus, a.
Sun. 14	65.00	81.00	73.00	29.75	29.88	29.815	Cumulus	N W		NE, a.
Mon. 15	55.00	65.00	60.00	30.05	30.12	30.085	Cir. c. strat.	N E		
Tues. 16	48.00	74.00	61.00	29.85	30.12	29.985	Cumuli	S W	.18	Rain during the night
Wed. 17	55.00	71.00	63.00	29.75	29.82	29.785	"	N W		(a.
Thur. 18	53.00	76.50	64.75	29.80	29.90	29.850	"	E		[rain during night
Frid. 19	58.00	84.00	71.00	29.65	29.82	29.735	Cumulus	S	.75	Rain, a. Nimbus and
Satur. 20	66.00	59.00	62.50	29.40	29.75	29.575	Cumuli	N W		
Sun. 21	47.00	69.00	58.00	29.80	29.86	29.830	"	S W		
Mon. 22	47.00	71.00	59.00	29.88	29.95	29.875	Cumulus	"		Barometer 29.80, a.
Tues. 23	54.00	70.00	62.00	29.80	29.90	29.850	Cumuli	N W		
Wed. 24	55.00	72.00	63.50	29.90	29.95	29.925	"	S E		Stratus, m.
Thur. 25	57.00	78.50	67.75	29.90	29.95	29.925	Cir. c. strat.	S W		☉ a.
Frid. 26	61.00	72.50	66.75	29.90	29.95	29.925	"	N E	.03	Rain, m. Stratus, a.
Satur. 27	55.50	56.00	55.75	29.85	29.90	29.875	Stratus	"	.10	Rain
Sun. 28	51.00	89.00	67.00	29.65	29.80	29.725	Cumulus	S W		
Mon. 29	53.00	77.50	67.75	29.58	29.65	29.615	"	"	.06	Rain during night
Tues. 30	61.50	72.00	66.75	29.60	29.68	29.640	"	"		
Aggreg.	55.29	74.11	64.775	29.83	29.98	29.9240	Cumuli	S W	1.94	

RESULT.—Mean temperature, 64.775; maximum, 13th, wind SW, 87.00; minimum, 8th, wind SW, 46.00; greatest daily variation, 9th, wind SW, 30.00; least daily variation, 27th, wind NE, 0.50; range of thermometer for the month, 41.00; increase of mean temperature from May, 10.760; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9340; maximum, 8th, wind SW, 30.45; minimum, 20th, wind NW, 29.40; greatest daily variation, 20th, wind NW, 0.35; least daily variation, 2d, wind NW, 0.04; range of barometer, 1.05; increase of atmospheric pressure from May, 0.0081; rain, 1.94 inches.

Comparative with June, 1834.—Mean temperature, 63.233; maximum, 86.00; minimum, 48.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.8256; maximum, 30.12; minimum, 29.50; rain, 2.80 inches; prevailing wind, SW.

Fort Independence, Boston, July 1, 1835.

B.

Errata.—In the advertisement of the Medical School in Boston, in the 20th No. of the Journal, the title of the professorship of Drs. Jackson and Ware should have been "Theory and Practice of Physic and Clinical Medicine," instead of "Clinical Surgery."

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			<i>Fees</i>
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	\$15
Chemistry,	"	JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10
Materia Medica,	"	JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—tN1.

WALTER CHANNING, Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 " " and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 15, 1835.

[NO. 23.]

ON THE TREATMENT OF WHITE TUMORS OF THE JOINTS.

FROM M. LISFRANC'S LECTURES AT LA PITIE.

WHEN the surgeon has carefully examined what kind of tumor he has to treat, and is ready to commence his course, he should, as a principal point, direct his attention to the state of the viscera. There frequently exists so intimate a connection between white swellings and affections of the internal organs, that if the internal disease becomes worse, the white swelling disappears, so as sometimes not even to leave any anatomical trace ; while, on the contrary, if the tumor be treated separately, the state of the viscus gets worse, so as to endanger the patient's life, while that of the swelling improves. Nay, more ; we have often examined the viscera with care, and having found them sound, commenced the treatment of a white swelling, but the first step towards its cure has been the signal for the development of some visceral affection, either because the latter pre-existed in a latent state, or arose suddenly and the two diseases balanced one another, the first advancing as the second receded, and vice versâ. Hence results the important precept not to attack a white swelling without being assured of the healthy state of the viscera ; and should any internal disease pre-exist, or become developed during the treatment, suspend everything until this dangerous complication has completely disappeared. If we found the swelling decrease in proportion as the other affection got worse, it might be prudent even to excite a certain degree of inflammation in the joint, and establish it there until the cure of the internal organ becomes complete.

When iodine was first employed in the treatment of white swelling, it was pretended that the new medicine rendered every other precaution useless, and that the patient might continue to walk as usual. We experimented this method, and accidents were in consequence developed, evidently under the influence of exercise. But without advising the patient to walk about, may we not at least communicate some gentle motion to the limb, in cases where ankylosis is to be apprehended ? The answer to this is easy, and its principle readily conceived. When neither pain nor inflammation exists, moderate motion brings no inconvenience. Should a slight degree of inflammation exist, the surgeon must be content to communicate, once a day, some gentle movement to the injured limb ; but when any attempt at motion gives rise to excessive pain, &c. we must refrain altogether ; the patient can hope for nothing better than ankylosis. This leads me to speak of the conduct which the surgeon should pursue when the impossibility of avoiding ankylosis has been once foreseen, for when the latter accident is complete and irremediable,

it is at least advisable that the fixed position of the limb should bring with it the smallest inconvenience possible ; and if the ankylosis were false, the injured limb is the more readily restored, and the less it deviates from its natural position. When the tumor occupies the elbow-joint, the forearm should be demiflexed. On the contrary, when the lower extremity is affected, the leg should be kept perfectly straight ; indeed it might be even advantageous to fix the whole lower extremity with a proper apparatus. You must not imagine that this continued state of extension is very painful, for we have often employed it without any inconvenience.

If the practice we have alluded to were more generally employed, you would not see so many patients, after having been cured, compelled to drag after them a limb in a state of demiflexion, which is not only useless, but even an inconvenience, from the various shocks to which it is exposed. In the same way, if the limb were fixed in a splint in cases of coxalgia, we should avoid that enormous shortening of the extremity which it is so difficult to remedy. Finally, a precaution of great utility to enable us to observe with exactitude the effects of the treatment, is to surround the tumor with three dark lines traced by means of the nitrate of silver ; one above, the other below, and a third embracing its great circumference. The size of the limb may be taken along each of these three lines with a piece of ribbon, and this manœuvre repeated every ten or fifteen days indicates precisely any variation in the magnitude of the tumor.

The preliminaries being thus arranged, the surgeon should commence by attacking inflammation where it exists. This is what constitutes for us white swelling in the acute stage. It is a matter of some consequence to study the character of this inflammation ; it is generally of long standing, and exists in tissues already altered ; hence we cannot expect to resolve it as readily as a healthy phlegmonous inflammation. Besides, the constitution of the patient, generally weakened by the effects of pain or a constitutional vice, does not permit us to employ sanguineous emissions to any great extent ; we must spare the patient's strength, if we wish to preserve the power of recurring again and again to these means. When the patient is robust, and the inflammation severe, we may commence by the application of fifty leeches. Under any other circumstances we do not apply more than thirty, and often not above fifteen. They should not be put immediately on the tumor, lest the irritation of the bite should be propagated to the interior, and thus hasten its degeneration ; they must be applied all round, at one or two inches from one another, and after this first application the result must be studied with care. Sometimes the inflammation begins to decrease on the instant, and as long as this favorable circumstance continues it is not to be disturbed. In other cases the inflammation remains stationary, or becomes more acute, and here it will be proper to prescribe about twenty leeches two days after the first set. We admit only one exception to this general rule, viz. when the patient is weak, the pulse small and depressed ; in such case we give the patient time to recover his strength, and we confine ourselves to the use of local baths and cataplasms. The former remedy has often the effect of increasing the volume of the tumor, but this augmentation of size is only momentary, and hence little alarming. After local bloodletting

we prescribe narcotics, applied along the inner surface of the limb ; the regimen must be strict, indeed it is right for the patient to live a good deal at the expense of his own flesh.

Such is the course of treatment we have been in the habit of constantly employing with various success. Sometimes every vestige of inflammation was dissipated in five or six weeks ; but more than once we have seen it break out with increased force at the very moment we thought it extinguished, require a new series of treatment, and persist for three or even six months ; finally, in one case we had to combat the acute stage during fourteen months ; and it was only at the expiration of this long period that we were able to employ excitants. In twenty-two months the cure was complete.

Hitherto we have supposed the surgeon to have been called to a case of white swelling which has presented manifest symptoms of inflammation ; but if these symptoms are absent from the very beginning, should we trust to appearances, and have recourse to excitants, the treatment proper in the chronic stage ? We have already seen that the inflammation may be latent, and then excitants would certainly do a great deal of mischief : it is more prudent to commence with one or two applications of leeches, in order to avoid all chance of accident. Even when the acute stage, combated vigorously, no longer exhibits any symptom, we must not be too hasty in our employment of excitants ; these might bring back the inflammation in tissues already too much under its influence ; hence we should rather give the patient a little rest, and allow him an interval of eight or ten days, when a course of treatment quite different from the former may be commenced.

The means which have been proposed for the purpose of dissipating the chronic engorgement that constitutes the white swelling, are very numerous. We shall now examine the most efficacious, study the manner in which each acts, and point out how each should be employed, or, in other words, explain the indications by which our practice has been guided. We would place in the first rank local bloodletting moderately employed. Like all other agents in medicine, this remedy acts differently according to the manner in which it may be employed. Thus, in order to determine congestion towards the uterus, and bring on the menstrual discharge, we apply advantageously a small number of leeches, or employ a small bleeding from the foot : while, to combat congestion of the peritoneum, we bleed largely from the system, and apply a considerable number of leeches. Everybody knows that a few leeches often determine erysipelas, which very seldom takes place when they are employed in numbers. Experience also proves that according to the number of leeches applied to a white swelling, in the acute stage, we can generally augment or diminish the pain as it were at will. When the inflammation exists in a chronic form, we prescribe from four to ten leeches, according to the patient's strength, with the essential precaution of arresting the hemorrhage from the bites at the end of half an hour, in order to render the congestion more sure. The result of such application is various : sometimes no effect is produced for the first few days ; but we must wait four or five days before we pass any definitive judgment, and then return to the charge. In some cases the tumor diminishes and softens on the

day following the detraction of blood ; in others, on the contrary, it augments half an inch or even more in circumference. This latter phenomenon, on the nature of which the patient must be tranquillized, is in general favorable, and shows an energetic modification in the vitality of the tumor. The tumefaction commonly subsides in twenty-four or forty-eight hours, and it continues diminishing progressively for eight or ten days together. It is also a favorable circumstance when the leeches produce an erysipelatous blush on the surface of the skin, which does not last for any length of time, and aids considerably the resolution. In some patients a slight œdema may come on, which, however, soon goes off, or is easily dissipated by compression. In other cases, finally, we have seen a very intense erysipelas develop itself : here the wished-for effect is exceeded, and we must combat this new inflammation by thirty or forty leeches more. We have said that when the leeches do not produce any change after four or five days, we proceed to a fresh application : but we must not obstinately employ this remedy without good results ; and if, after several trials, it fails, we must then turn to another. When, on the contrary, the amendment is clear, we must repeat the abstraction of blood : but here again there is a rule to be followed : thus, so long as the affection goes on well, we must not trouble the progress of resolution by any unseasonable stimulants. We wait until things become stationary ; and when one or two days have passed over without any progress being made, it is time to have recourse to new applications. The first abstractions of blood are generally followed by highly advantageous results ; but this means becomes worn out, and at length produces no effect whatever : we then choose another remedy, which is in turn worn out, and may afterwards return to the leeches, whose application is now accompanied with its wonted good effects. We should, however, point out some cases in which leeches may produce unfavorable results. We should abstain from applying them to females during the menstrual discharge, or even six or eight days before and a day after. In patients disposed to apoplexy, or attacked with some affection of the thoracic viscera, bloodletting is not proper when the tumor is situated on the upper extremity ; it is equally contra-indicated in white swelling of the lower extremity when the female is pregnant, or when she is affected with sub-inflammation of the uterus.

The most powerful resolvent next to sanguineous emissions is, without doubt, compression. Its good effects are so incontestable, that many practitioners advise it indifferently in all cases of white swelling. It cannot be denied that they have been successful, particularly in chronic cases ; but when the disease is acute, compression, like any other excitant, may give rise to a good deal of injury. We have made the trial in this hospital, and been compelled to abandon it. This, gentlemen, is easily conceived, for when compression becomes painful, even in the chronic stage, what must be its effect on a part still laboring under inflammation ? Compression is not so efficacious when the tumor is hard ; but when, under the influence of other means, softening once begins, when the subcutaneous cellular tissue appears merely infiltrated and œdematous, then its beneficial effects are best witnessed. But to produce all the advantage of which it is capable, we should know how to manage it

well, and hence it may be useful to speak a few words on the method of applying it. Like every other therapeutic agent, compression ought to be dosed (pardon the expression), if we would not depress or miss the object for which it is employed. To give you an analogy which every one will understand, the ophthalmic ointment of Desault often aggravates the inflammation of the edge of the eyelid, which, on the contrary, it appeases when mixed with three parts of cerate. In the same way, compression, moderately employed, answers very well in a case where a stronger compression would spoil everything, and *vice versâ*. We distinguish five degrees, or, to employ the word that best expresses our idea, five *doses* of compression. The feeblest is represented by a simple bandage. In the second we add cones of agaric, two inches high, as a mean by which the tumor is covered, and which are maintained by circles of the bandage. If the tumors be moveable, as we sometimes see them on the sides of a joint, we surround the base of the tumor with a ring, more or less thick, of agaric, maintained by a bandage, and then apply in the centre the cone of agaric destined to act directly on the tumor.

The third dose is given with graduated compresses, which are harder than the agaric, and compress more firmly. A degree above this is obtained with splints, or pieces of metal enveloped in linen. Finally, the fifth and last degree is *malaxation*, which consists in kneading the tumor strongly until we have developed some pain, and then compressing it with cones of agaric. The next day, if the irritation persists, it is a proof that the vitality of the tissues has been awakened, and in most cases a notable diminution supervenes: we now have the amelioration go on tranquilly, and have again recourse to *malaxation*, when it comes to a stop.

As you may readily conceive, it is a matter of the highest importance to determine the exact degree of compression that should be employed. In general it is proper to commence with the lowest degree; we may afterwards augment it according to the effect produced. This precaution is peculiarly essential where we have to treat a joint recently attacked by inflammation, and where we fear to reproduce it. If, on the contrary, we have to combat one of those swellings hard as wood, which are met with most commonly about the wrist-joint as a consequence of external violence, we may commence with the fourth or fifth degree in the first instance. We have seen a tumor at least two inches in thickness, occupying the whole external side of the knee-joint, dissipated by malaxation; the other degrees of pressure, after having produced some trifling benefit, had remained altogether inefficacious. Whatever degree of pressure we may think fit to employ, it is necessary in all cases to roll a bandage from the point of the extremity up to the tumor, in order to avoid the infiltration which it would not otherwise fail to produce. The compression must not only bear upon the engorged points, but, on an average, should extend two inches above and below them; the vessels passing to the tumor are thus compressed, and the afflux of fluids is diminished. Finally, the compression should be renewed every twenty-four hours, both because this lapse of time is sufficient for the relaxation of the bandage, especially when the tumor diminishes, and also to give the part some repose, which feels more sensibly the effects of the remedy if suspended daily for about half an hour. The action of pressure, like other agents,

wears out, and at the end of a certain time it produces no effects ; we must then have recourse to other means. If, however, we are fortunate enough to have cured the tumor by pressure alone, we must still continue its use for some time, gradually diminishing the force, until we arrive at the simple circular bandage. The medicinal agent, properly so called, will furnish matter for a second lecture.—*Lancet*.

FOREIGN BODIES INTRODUCED INTO THE RECTUM.

A VERY interesting case of this kind has been recently reported by M. Thiandière, the leading particulars of which we shall select.

Isidore Chevais, aged 22, with the object of overcoming an obstinate constipation of the bowels, introduced into his rectum a forked oak stick of the following dimensions: the longer branch was five inches ; the other was three inches and a half in length, including the large end by which the two were united. At their point of union, they were separated by the space of an inch, while the greatest distance between them was two inches. The diameter of the branches was four lines ; that of the large end which united them, half an inch. It was introduced with the large end foremost, and when the shorter prong had entered the rectum, the individual made an effort to scoop out the indurated fæces. His efforts, however, proved unavailing, and he was compelled to desist on account of extreme pain. When he attempted to withdraw the wooden crotchet he found it impossible to succeed, and adopted the singular alternative of forcing the whole of it into the rectum, under the supposition that it would be consumed with the aliments. Tormented by horrible pains of the abdomen, difficulty of voiding urine, and great disturbance of the digestive function ; overwhelmed besides with despair, and not daring to apprise his parents of his situation, he lived in constant fear of taking food, betook himself to solitude, and anxiously hoped that the cause of his sufferings would be passed by stool. Finally vanquished by his torments, he determined to seek professional aid. M. Thiandière, on making an examination, readily detected the presence of the foreign body, but it was so high that he could barely touch its lower end with the tip of the index finger. He could neither ascertain its size nor the position it occupied in the intestine. He obtained satisfactory information from the patient relative to the first point, by requiring him to provide a second crotchet of the same kind, and ascertained from him besides, the direction in which it had been introduced. An attempt was first made to extract it by means of forceps passed up through a speculum, but finding that by this means the lower end of the long branch only could be reached, it was determined that it would be useless to attempt to extract it by seizing upon that. He was on the point of abandoning the patient to his fate, when the thought occurred to him to lay aside all instruments, and trust to the hand alone. After washing out the rectum by an enema, the patient was placed with his hands resting on a chair, his breech slightly elevated, and the legs separated. The fingers, previously oiled, were cautiously introduced one by one, until the whole entered the rectum, when passing the index finger forward, and using the

long branch of the crotchet as a conductor, he reached its point of union with the shorter one. He then searched for the position of the small branch, and succeeded, with some difficulty, by seizing it with the middle finger, and disengaging it from the fold of the rectum, in which it had become lodged. He finally managed, by passing his finger around the two prongs, to compress them towards each other, so as to include them in his hand, by which the rectum was protected from injury, and in this way succeeded in extracting it entire.

A second enema was thrown up, the ordinary precautions against inflammation enjoined, and the individual regained his health without suffering any other inconvenience than what was a necessary consequence of the preternatural dilatation of the rectum.

A surgeon who had been previously consulted in the case, proposed to divide the branches of the crotchet by means of strong cutting forceps; but M. Thiandière thinks the operation would have been impracticable.

Several cases have been recorded in which foreign bodies of various kinds have been introduced into the rectum, chiefly with the design of overcoming constipation. A monk introduced a bottle containing Hungary water, for this purpose, through the cork of which a small aperture was made, to allow the fluid to flow into the rectum. After using various means to extract it without success, it was finally withdrawn by the small hand of a child. Desault extracted a porcelain jelly cup, which had been introduced about eight days previously. It was of a conical shape, and about three inches in length. It was extracted by breaking it into fragments, and withdrawing the pieces separately. Saucerotte extracted a wooden peg, three inches long and two in diameter, by introducing the finger into the rectum to confine the foreign body, while the point of a sharp corkscrew was inserted into it. Forceps and other means had been before tried without success. Marchetti was called to extract a hog's tail which had been introduced with the large end foremost, the hairs having been previously slightly clipped, in order to render them more rigid and irritating. As they resisted all attempts to withdraw it, he provided a canula of the proper dimensions, and after having secured the end of the tail which projected from the anus by means of a strong waxed thread, he passed it through the instrument, and slid the latter upwards into the rectum so as to include the foreign body, which was thus easily extricated. M. Tuffet reports the case of an individual, who introduced a large snuff box of nearly a cylindrical shape, which was extricated with great difficulty. Notwithstanding this, the same person afterwards introduced a wooden goblet, which, as it could not be extracted, finally destroyed his life. The same gentleman reports the case of another individual, who introduced a wine glass into the rectum, which became broken and caused profuse hemorrhage; the fragments were extracted by means of forceps. On a subsequent occasion, he inserted a glass bottle, which occasioning great pain, the thought occurred to him to break it into fragments and extract the pieces. To accomplish this, he passed into the rectum the handle of a common fire shovel. Considerable hemorrhage followed; but the fragments were extracted, and no bad consequences ensued. A peasant who was affect-

ed with constipation of the bowels, attempted to remedy the evil by introducing a small stick into the rectum. It was carried up by the antiperistaltic motion of the intestine ; but again descended, and was extracted by Scarpa, by means of forceps and a catheter containing a leaden stilette. A weaver, who had heard of suppositories for the relief of constipation, introduced his shuttle into the rectum, containing its roll of yarn.—*Bul. Gen. de Therapeutique*.—*N. A. Archives*.

MEDICAL CASES.

FROM THE MEMOIRS OF JAMES JACKSON, JR. M.D.

Organic Disease of Stomach.

JAN. 26, 1830.—Emmanuel Joseph, a Portuguese, æt. 44, entered the Massachusetts General Hospital on the 18th. He had formerly been a sailor, but for the last few years had worked on one of the wharves in the city, and was apparently a man of good habits. He had been well, according to his own account and that of his fellow-boarders, till within about three weeks ; at that time, being troubled at his stomach, he took an antimonial emetic, which operated very severely ; this he followed in a day or two with a cathartic of senna and salts. When he entered the hospital, he had a constant vomiting, without constipation, and some colic pains, not very severe. At the first visit, from his description of his sufferings, the physician suspected the existence of some organic disease of the stomach. He was treated with cathartics, which he did not for a time retain on his stomach ; however, these with enemata were persevered in, and about the fifth day he was reported to have had copious discharges of an unequivocally fecal character. This had before been doubtful. Extreme thirst (he once drank his own urine), vomiting, distressing feeling about the epigastrium, and great coldness in these parts for the last few days at least, were the most prominent symptoms. The abdomen, instead of being distended, was much sunken and flat, and its parietes very rigid. Generally, there was great prostration of strength, great emaciation, very marked lividity of the skin, and a low feeble pulse, somewhat varying in frequency. Attempts were made to support and revive him from this state, with stimulants,—brandy, etc., but in vain. These seemed to alleviate his sufferings, by allaying somewhat his extreme thirst, and, in a degree, overcoming his acute sensations of internal coldness ; but his disease was such as not to be *lived through*, and stimulants were of no avail.

Autopsy.

The abdomen only was opened. The mucous coat of the stomach was extremely corrugated, presenting a very peculiar aspect. The pyloric orifice was almost entirely obliterated ; there being a scirrhus tumor, or scirrhus deposit, very hard and firm, between the mucous and peritoneal coats of this organ. The disease extended just to the commencement of the duodenum. Two spots within the mucous membrane were much reddened, very evidently in a state of inflammation ; there was a small quantity of thick mucus, and a little purulent matter, upon the internal mucous surface of this tumor. In many parts of the

small intestines, in the cæcum, and, perhaps six inches up the colon, the mucous membrane was in a state of high inflammation, but in no part had it advanced to ulceration. This surface presented a very beautiful crimson color, such as I have never before seen ; but this examination being made before the body was cold, much sooner after death than I had ever before witnessed, I cannot say how much it is to be attributed to that circumstance. The spleen was very small, not a third part its usual size.

Remark.—The circumstance of the long existence of this disease, which must have taken a long time for its formation, without any disturbance to the patient, is quite worthy of observation, although by no means new.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your editorial article of the current week, I perceive your pages are devoted to the consideration of Popular Lectures on Tight Lacing. As these lectures were delivered by a member of our own profession, the subject fairly falls within the province of a Medical and Surgical Journal, and, if properly discussed, must lead to conclusions of consequence both to our profession and to community. As I profess to feel something else than indifference towards both these classes, I beg leave to join you in the discussion, and, if possible, assist in coming to a correct position

ON THE EXPEDIENCY OF POPULAR LECTURES ON HEALTH BY PHYSICIANS.

The practice of physicians' delivering discourses on health to popular assemblies has two aspects : 1st. Would it increase the usefulness and respectability of the profession ? 2d. Would it be a benefit to the public ?

On the first of these questions, it seems difficult to ascertain what is the opinion of medical men through the country. For, what medium have physicians of knowing the general opinion of their brethren ? They never migrate—never intervisit. Lawyers have their courts ; and there they have free and unlimited intercourse. Daily contact for several weeks in a year at the same table or on the same public arena of debate would not merely assimilate our brethren in sentiment, but remove jealousy, explain misunderstandings and soften many hostile feelings. But the medical practitioner can neither attend courts nor prolonged conventions ; but must forego all intercourse abroad, and submit to spend his life at home with as good a grace as possible. Can he correspond by letter ? Everything prevents it. Can monthly or quarterly journals assimilate us in sentiment ? In some measure they undoubtedly have done. But how slow the approximation of opinions that are exchanged through journals once in two or six months. Your own weekly Journal, Mr. Editor, offers the best medium that I know of, though a very imperfect one, of becoming acquainted on what may be called matters of taste and propriety in our profession.

But I leave this digression. It appears to me highly probable that

many of our members believe that our respectability has not been increased by the attempts that have hitherto been made to enlighten the public in the principles of hygeia by oral communications. In this sentiment, there can be no doubt you fully concur, from the very unambiguous nature of your late remarks respecting a gentleman who stands high in the medical ranks of New England.

Whether this belief is founded on fact or prejudice, it has not come into existence without cause. For, Sir, there is not a man in the community who is more completely chained to his post by a continuity of varying causes, known only to the physician, than the medical man. Human life is too precious to be intrusted to the management of one who has not already demonstrated his capacities by the bedside of the sick. This is right in our employers, and is as we should do. Hence every man who has gone through the gradations of his profession and secured the confidence of his employers, has too feeling a remembrance of the toils and mortifications by which he reached the post, to relinquish it for a condition which, in its nature, has any contingency.

In pursuing his own vocation he has lost that versatility which is indispensable, in this bustling age, to fit him for another : and this explains, Mr. Editor, why we so often hear physicians groaning over the miseries of their calling without the energy to decide on another. Is it not notorious that the stream on which we have embarked is very sure, notwithstanding its eddies, currents or counter-currents, to keep all the craft on its bosom till the employments of time have ceased !

This being the case, when a physician comes into our city or village, and proposes to enlighten our employers on the subject of health, is not such the *misery* of our profession that we set him down at once as a man out of business at home, an unlucky comet wandering from his orbit ? In this prejudice, for we can call it nothing else, we are confirmed by the character of such as have hitherto made their appearance among us, particularly those from the other side of the Atlantic. And it certainly *does* need some degree of disinterestedness to welcome the stranger who has come to teach our friends how they may learn to live more independently of our assistance. From these and other considerations which time does not permit me to notice, there may have arisen a somewhat general impression among us, that it is disreputable for one of our number to appear in public as a lecturer even on a subject connected with his own profession.

I have been led to trace this analysis of my own feelings, Sir, and possibly of yours and many others, by the very pointed reprehensions, in your last number, of a gentleman whose influence both among the physicians and literati of N. England I have supposed to be great. Sure I am that the conductor of a medical journal would not have taken a stand so decided not only against the *business* but the *agent* of giving popular lectures on health, without a deep conviction that evil of serious moment was pending against the profession. This alone would appear to be a valid reason in a periodical addressed only to medical men. The question, then, returns—does the practice of delivering addresses on health to promiscuous audiences promise good or evil to our fraternity ? Evil, and only evil—I answer, if it diminishes either our usefulness or respec-

tability among our fellow citizens. But if it is calculated to enhance our character and influence generally, we must, whatever be our notions of taste, propriety or usefulness, give up our prejudices and cheerfully co-operate in the double work of advancing both the interest of ourselves and of the public. I therefore merge the first inquiry above proposed in the second, and ask whether it will prove of *public benefit* for some members of our fraternity occasionally to step out of the common routine of his engagements, and endeavor to correct abuses with regard to health and life into which the community may have fallen?

As to lectures on matters of science, there is now but one opinion. The man who should oppose these, whether on geology, history, school-keeping, astronomy, phrenology or anti-phrenology—from the village lyceum up to the university—would not obtain a moment's hearing in any company. The most brilliant talents in Europe and America are enlisted to instruct the middling and lower classes in the sciences and useful arts. Even impregnable China is about to receive printed communications on these subjects from British and American philosophers.

Professor Silliman, of Yale College, you know, has received unbounded eclat and commendation for his popular illustrations of geology, in Hartford, Salem, Lowell, and, if I mistake not, in Boston. He received, too, I presume, a solid compensation as he richly deserved, and no imputation was made, at least here, of "any selfishness in taking the humble pittance of *twenty-five cents a head*." But what is there in the nature of things why a parent should not pay this pittance for himself and family to learn how to avoid exposing his children to future pain and suffering in their physical education, as well as for himself and them to learn what is contained in the bowels of the earth! Indeed, Sir, it strikes me with amazement that the public have been so supine on this subject. I know full well that I do not speak invidiously when I say the style both of the language and of the diagrams, by which the professor of geology illustrated his subject, cannot be surpassed in this country. But what are the minerals beneath our feet in comparison to the attainment of health and beauty by our daughters who, in a few years, are to entail their diseases upon a coming generation! And is it not wonderful that when a respected professor in medicine is willing to come forth—perchance against the known prejudices of his brethren—and in a popular manner hold up to public view the evils of a single custom in fashionable life—evils which are acknowledged by yourself and every medical man—that we should allow ourselves to speak of his performances as "itinerant doings," "undignified efforts alike degrading to the individual and to the profession at large"; and even intimate that they must originate from "a hankering for notoriety" or "the fee of two York shillings"? Let us, I beg of you, reconsider the ground of our proceeding; and, if the medical lecturer stands on ground as tenable as that of other itinerant lecturers, let us have the manliness and ingenuousness frankly to extend an equal hand of support.

But you say "there can be no possible objection to furnishing females with physiological works in which they may study their own organization." Very true. And if this is all the better half of creation are entitled to, and all we, doctors, will allow them peaceably to have, then let us pro-

scribe all popular exhibitions of geology, history, phrenology, &c. and shut them up at home.

But it is said "females will not regard the admonitions of physicians; and to lecture to ladies assembled expressly for that purpose is labor thrown away." I have seen too much of the despotism of fashion to deny that there is much force in this declaration. But could you go with me, Mr. Editor, and call on some dozen or twenty matrons in this city, you would find a very pleasing exception to your remark in the reformed dress of themselves and daughters, and this the acknowledged effect of a single lecture last January on tight lacing. I say this from recent inquiry, and omit all mention of the hundreds whose dress has been modified in a minor degree.

"But is it possible there can be any inordinate degree of hankering for notoriety—or a desire to be classed with those who go about doing good for goodness' sake?" Whether the gentleman's hankering for notoriety be "inordinate," I cannot possibly decide, as I never had the pleasure of seeing him but once during part of a day he spent here last winter. But that he desires to do good either at home or abroad, I verily believe; and if, in prosecuting this desire, he meets with notoriety even at the hands of journalists, I doubt not he will receive it very much as other gentlemen would of his qualities of head and heart. But suppose that you or I were already familiar with lecturing on anatomy, and should imbibe a deep and settled conviction, and one from which we could not escape, that the tyranny of fashion was inflicting evils of painful magnitude upon the other sex—evils of which they could not in general be fully conscious, and that anatomical apparatus and diagrams were exactly calculated to illustrate those evils and awake their victims to an adequate sense of their danger—the question is, what should *we* do?

To leave our own fire-side and the endearments of home for a life of wandering, might not appear so inviting. And the critics! the critics—what would they say? And the coldness and distrust of our brethren, which we might possibly encounter, how could we bear them? And besides, could we not do more good by attending, in the common routine of our engagements, to individual cases of suffering? By reasonings of this nature we might silence both our hankerings for notoriety and desires to do good—unless, perchance, those desires were bottomed upon an unshaken conviction of an accountability hereafter. In that case, Sir, we might, like Howard, break away from the common walks of benevolence and dare to be singular.

But, after all, this custom is not so singular. It has been the practice of physicians in Connecticut for several years to go into neighboring towns and collect people "by hundreds into churches and town halls—misses, maids and matrons, old men and boys," and deliver addresses upon the physical and moral effects of alcohol. Six or eight years ago, I had the pleasure to hear in one of the churches in this city a distinguished medical gentleman from a neighboring town—whom your State has since taken from us, whom your columns and your pen have highly and justly commended, and who is a useful contributor to your pages over the signature of W.—on the wretched consequences of alcohol, and I love to think of the good he accomplished among us. Dr. Silas Ful-

ler, who now stands at the head of the Connecticut Retreat for the Insane, and who has reached his present elevation by the general approbation of his brethren after many years of toil and clinical observation, has done the same thing in neighboring towns. Many other physicians in this State have delivered addresses on this subject so intimately connected with health. I could name to you, had I not already engrossed too much of your paper, a number of distinguished medical men in other States, and among them several professors, who have lent their example to this practice of giving popular lectures on the effects of alcohol upon health. It seems therefore too late to call this a "newly broached plan," unless the novelty be predicated of those injuries to public health only which may be illustrated by reference to anatomy.

One objection more and I have done. "The essential evils to which the female is predisposed, having their actual origin in the voluntary distortion she induces by habitually lacing her body in stays, cannot be mentioned—no, nor even adverted to by a well-bred professional gentleman, without forfeiting all claims to modesty and offending those for whom he pretends to be laboring." This objection is indeed a grave one, and, if true, must speedily exclude the lecturer from all access to the well-bred people of New England. But, Sir, I do hope, and must believe, that your objection was founded on speculation in your own editorial chair, and not from actual observation. I cannot of course vouch for the delicacy with which the gentleman has managed his lectures at the north. But in Hartford and New York, if we can judge either from numbers or respectability, or the testimony of many editors, he by no means forfeited all claims to modesty or gave offence to his hearers. Although there was very short and defective notice in this place, a large lecture room was filled with gentlemen and ladies, to say the least as respectable as the city affords. I remember he had diagrams and a model of the thorax. This model was held up to view, and the mechanism of motion, respiration and arterial circulation demonstrated to the comprehension of every child. I remember, too, for I sat in front of the audience, the very deep and visible impression of horror that was made throughout the room, when the ligature was placed fast upon the lower part of the thorax, and the motions of respiration attempted with the embarrassment of this broad ribbon acting as a real corset. I remember the universal applause—uncommon in this city—which the lecturer received, and not a word respecting any indelicacy did I ever hear till it appeared in the Journal. He received, on leaving the city next morning, a voluntary testimonial from three of our oldest physicians, who were so fortunate as to get notice of the lecture, to the favorable tendency of his performances. Since the remarks in your last number, I have conversed with four or five gentlemen and ladies of this city, all of whom, I may safely say, are known by their writings both in this country and in Europe, who with one consent confirmed my own impressions respecting the delicacy and strict propriety of the lecture.

But if a lecturer on the female thorax commits necessarily an unpardonable breach of delicacy and decorum, what shall be said of the professor of anatomy in New Haven, who has given—not one or two lectures on the thorax—but a *course* of popular lectures on anatomy to a crowded

house of gentlemen and ladies ! If one lecture on the human chest subjects a well-bred, professional gentleman to a forfeiture of all claims to modesty, what shall we do with the New Haven professor, and what with his audience, who belong to one of the most intelligent and refined cities of our country ? As the Yankees have been derided on the other side of the water for their prudery, and knowing as I could not fail to do the supposed difficulty there has been here of introducing these subjects to mixed audiences, I inquired with much interest of the intelligent and refined lady who gave me the information and who attended the course, whether anything occurred in the series of his demonstrations repugnant to strict delicacy or propriety ? Knowing, as I have the pleasure to do, the scrupulous regard paid to decorum by this gentleman in his own theatre in the medical college, I was fully ready to accredit her testimony to the happy combination of science and taste displayed in the course.

And I must acknowledge that I did feel much obliged to this gentleman, who by the way contrives to carry on an extensive practice while he lends his hand to the promotion of academical and popular science, that he had successfully taken the lead in the popular illustrations of a study so intimately associated with the welfare of our female seminaries, our daughters and our whole country. I do most honestly believe that this gentleman and the one alluded to in your last number are both adding, by these popular addresses, to the solid reputation of their brethren, and I cannot but hope and wish that they and others who may be qualified will continue to diffuse in every suitable manner, the knowledge of the human body in schools and in popular assemblies, till our sons and daughters shall learn something of their own frames and of the thousand evils that may beset them from the tyranny of fashion and the perversions of taste.

M. L. NORTH.

Hartford, July 6, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 15, 1835.

NEW MEDICINAL PROPERTIES IN PLANTS.

DR. TURNBULL, of London, considers that he has detected a new and hitherto unsuspected class of medicinal properties in several plants belonging to the natural orders *colchicacæ* and *ranunculacæ*, but more particularly in the *aconitum napellus*, and its active principle aconitine. This latter article is recommended in the *tic douloureux*, and also in gout and rheumatic affections, either in the form of an embrocation, made by dissolving one or more grains in a drachm of alcohol, or in the following ointment :—

R. Aconitinae, gr. ij.

Alcohol, gutt. xj. terre optime ; et adde Axung. ʒi. ut fiat unguent.

The best manner of applying this preparation, is to rub a small portion

of the ointment over the seat of pain till it is wholly removed, or till some effect is produced on the cutaneous nerves.

Poison from the Sea Blister.—It was during the first voyage of the *Princess Louisa* round the world, that in the neighborhood of the equator a particularly large and beautiful sea-blister (*Physalia pelagica*), commonly called Portuguese man-of-war, passed the ship; a young sailor, of distinguished courage and great hardihood, sprang naked into the sea to catch the animal; he drew near to and seized it, when instantly the creature grasped the naked body of the swimmer with its three-feet-long suckers. The young man, extremely frightened, probably also feeling at the same time the burning pain over his whole body, cried for help, and was just able to reach the side of the ship to be drawn up. The animal was torn from him, and his skin rubbed clean, but the pain and cutaneous inflammation became so violent, that a fever, accompanied by delirium, followed, and doubts were entertained of his recovery. The young man, saved for once, did not evade his destiny; grown too bold from hardihood, he afterwards fell from the mast, and found a wretched death.

Dr. Meyen's Voyage round the World.

Popular Medical Essays.—The publishers of the Philadelphia Saturday Courier, among other premiums offered in their last number, give notice that \$100 dollars will be paid for the "best series of familiar and popular Medical Essays, not exceeding thirteen in number, on the prevention and cure of diseases and the promotion and preservation of health; and, as connected with so important a subject, the evils arising from ignorance, error and quackery."

Effects of Excessive Spirit drinking.—On comparing my own observations, says Dr. Willan, with the bills of mortality, I am convinced that considerably more than 1-8th of all the deaths which take place in persons above twenty years old, happen prematurely through excess in drinking.—Mr. Colquhoun has asserted that in the metropolis £3,000,000 are every year run through in the shape of beer and spirits, out of five hundred ale-houses.

Vicarious Menstruation by the Lungs.—N——, aged 32 years, fell into a pond, two years ago, when menstruating; the menses were immediately suppressed, and a copious hæmoptysis supplied the place of them, and became strictly periodical. Fifteen months ago she became pregnant, and during the whole of her pregnancy, during her confinement, and all the time of suckling, no spitting of blood occurred; but immediately on her weaning the child it returned.—*Hufeland's Journ.*—*N. Amer. Arch.*

TO CORRESPONDENTS.—The Remarks upon Febrile and other Diseases will be inserted next week.

DIED—Dr. Thomas C. James, late Professor in the Medical Department of the University of Pennsylvania, aged 70.

Whole number of deaths in Boston for the week ending July 11, 24. Males, 14—Females, 9.
Of erysipelas, 1—debility, 1—intemperance, 1—typhous fever, 4—measles, 1—bleeding at the lungs, 1—consumption, 2—teething, 1—child-bed, 1—fits, 1—jaundice, 1—lung fever, 1—infantile, 2—ulcers on the lungs, 1—sudden, 1—diarrhoea, 1—accidental, 1—cancer, 1. Stillborn, 2.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*

E. BARTLETT, M.D. *Pathological Anatomy and Materia Medica.*

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Pittsfield, July 1, 1835.

NOTE.—The following authors are recommended to be used by the students during the Lecture Term. On *Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—3t

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Boston, May 6, 1835.

3t.

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Boston, April 21, 1835.

(April 29.—tf.)

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Boston, February 4, 1835.

cptf.

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[NO. 24.]

NOTES ON THE HISTORY AND PATHOLOGY OF SCARLATINA.

BY CHARLES A. LEE, M.D. NEW YORK.

HISTORY.—It has been asserted by a majority of medical writers, that scarlet fever is a disease of modern origin. Of the correctness of this opinion, however, we may well entertain a doubt. We find, in the most ancient medical records, allusions to fevers, attended with various cutaneous eruptions and appearances, which, though not in all cases minutely described, are yet sufficiently so to verify the existence of several diseases now claimed as of modern date.

From the time of Celsus, the history of scarlet fever, as well as all other diseases, is involved in obscurity, and we explore the darkness in vain for lights to illumine our path and direct our footsteps. In 1610 *scarlatina* prevailed epidemically in Spain, from whence it was believed to have spread to Italy, where it derived its name, *scarlatto*. In 1689 it appeared in London, and was minutely described by Dr. Morton. Sydenham, in his work on acute diseases, published in 1680, describes the simple scarlet fever in such a manner, that it is evident this was the only form of the disease then prevalent. He remarks, "The scarlet fever, though it may happen at any time, yet it most commonly comes at the latter end of summer; at which time it seizes whole families, but especially children. At the beginning they shake and shiver, as in other fevers, but they are not very sick; and afterwards the skin is spotted with small red spots: they are more frequent, and much larger and redder, but not so uniform as those of the measles; they continue two or three days and then vanish; after which some scales, like bran, are sprinkled over the body, and these scales come and go successively twice or thrice." He then gives directions for the treatment of this "name of a disease," as he terms it; from all which it appears, that he was only acquainted with the simple variety of the disease.

Dr. Withering has left us a very complete history of the disease, as it appeared in his time; though, like Cullen and Fothergill, he fell into the nosological error of making malignant scarlatina a species of cynanche, characterized by symptoms of debility and putridity, and an absence of all eruption. Dr. Clarke, who wrote a history of the disease, as it prevailed at Newcastle in 1778, contended for their identity, and establishes, beyond controversy, that they are the same disease, owing their origin to the same cause, and communicated by the same specific contagion.

In this country the scarlet fever has prevailed at different times since its first settlement, and occasionally with very great mortality. In the year 1735 it spread extensively over New England, as well as over the

middle States, and thousands of children and many adults fell victims to it. In 1784 it again appeared, and spread over the larger portion of the northern States ; since which time till the present it has prevailed in different sections of the country, either sporadically or epidemically, and assuming various grades of severity. From the year 1780 to 1800, scarlatina existed epidemically in this city, and in some seasons was very fatal. As there was no correct record of deaths kept in New York, anterior to 1800, it is difficult to ascertain the exact degree of mortality from any disease : but from the older practitioners, it appears to have been as fatal as at any period since. For several years anterior to 1817, the city inspector's returns contain no deaths from this disease. Consumption and typhous fever were the grand outlets of human life ; and while the triumphs of the former have been increasing, from year to year, those of the latter have been still more rapidly diminishing, till at the present it is no longer dreaded.

It may be remarked, that the winter of 1834 was mild, and especially the months of January and February, in which occurred an unusually large number of deaths. Thermometrical and barometrical tables, however, throw but little light on the prevalence of this, as well as many other diseases ; and from a long and attentive examination of the subject, I cannot ascertain that the sensible atmospherical variations have any considerable influence on the disease. In fact, the laws by which it is controlled are absolutely unknown to us, and probably will ever remain so. During the past winter the disease has proved much less fatal.

Etiology.—The etiology of scarlet fever, like that of all epidemic disorders, is involved in much mystery. Medical philosophers have indulged in much speculation on the subject, but after all, have left it where they found it. It is a pretty general opinion that the disease arises from a specific contagion, and is either generated in the atmosphere itself, or from a miasm emanating from the bodies of the sick. Some believe it to spring from a peculiar, epidemic constitution of the air, or an atmospheric temperament, predisposing all who inhale it to a common morbid affection, or exposure to certain exciting causes. We have no satisfactory proof that the disease arises from any miasm, *sui generis*, generated in the air ; but that it is caused by emanations from the bodies of the sick, and favored in its spread by some unknown atmospherical temperament, there can remain but little doubt. Dr. Percival, in his commentary on Good's Nosology, speaks of scarlatina as having been imported into Dublin in a box, containing children's toys from London, and remarks, "I have traced the progress of contagion from England, and believe it loses something of its malignancy by the way." Dr. Good observes, "that rosalia (scarlatina), under every form, is contagious, and sometimes epidemic, is now admitted, without a question." Some of our popular American authors express a doubt of its contagiousness, while at the same time they caution us, as the safest course, to act in the belief that it is communicable. I shall detail a few facts, and leave the inference to be drawn by the reader. I am aware this is a point on which *mathematical demonstration* is not to be expected.

A few months since, an aged lady of sixty or upwards, watched one night with a grand child, sick of malignant scarlatina—she held the child

much in her arms and received the breath in her face—she returned home soon after the death of the child, which happened the next day, and the succeeding night was herself taken with a chill, vomiting, &c. She had a very severe attack of the disease, with much affection of the throat and skin, and on recovering, the nails of her fingers and toes all came off. She lived about one mile from her son-in-law, and believes she caught the complaint by holding the child in her arms.

About six weeks ago, a little girl sickened with scarlet fever in a family where there were three other children. After the eruption had appeared, it was thought proper by the parents to have the other children removed from the house, although they had been much exposed in the sick room. They were accordingly sent to different places, from half a mile to a mile distant. In about a week from the time of removal, one of them sickened; the next day another, and the same day the third, and all had a severe attack, but recovered.

I can call to mind four instances, which I have witnessed the past winter, in which the mother sickened with the disease, after having attended one or more of her children with the same complaint, when the other adult members of the family escaped.

As to the vexed question, whether scarlet fever occurs twice in the same subject, my own observations compel me to adopt the affirmative. I have treated several well-marked cases of second attack, in which there could be no doubt of the identity of the disease; one of which I attended lately, and will relate.—I. S., aged 13, had a severe attack three years ago, and was attended by the late Dr. Quackenbush; his mother described his throat as being very sore, and his skin as red as a “lobster’s shell,” to use her own expression. A few weeks since I was called to visit him, and found him with inflamed tonsils, headache, nausea, &c. The next day the efflorescence appeared, and he went through a regular course of the disease. Other similar instances could be given. The fact, however, seems sufficiently well established, that though the susceptibility of the disease is to a considerable extent weakened by one attack, it is not eradicated, as may perhaps be said with respect to smallpox and measles.

Like other epidemic diseases, scarlatina is aided in its extension by various contingent circumstances, the most important of which are, atmospheric vicissitudes, impure air, innutritious food; and in adults, anxiety of mind, watching, &c. Children of the wealthy, who are brought up with delicacy, and are housed with particular care, lest “the winds of heaven may visit them too roughly,” and those of the extreme poor, who suffer from cold and hunger, and sleep in filthy, ill-ventilated and crowded apartments, seem to be nearly equally exposed to this disease.

Pathology.—Scarlatina has been so long considered and treated as an essential fever, in which the inflammatory affection of the throat bears to it the same relation as buboes do to the plague, that I expect to be charged with heresy, or *medical schism*, if I undertake to controvert this opinion; but believing, as I conscientiously do, that this doctrine, though sustained by high authority and illustrious names, is founded in error, and leads to vacillating and improper treatment, I shall present a few considerations, which ought to influence our minds to a greater or less extent, in coming to a correct position.

In all cases of scarlet fever, as far as I have observed, there is, at an early period, an inflammatory affection of the mucous membrane of the mouth and fauces, involving the œsophagus, stomach, and occasionally the trachea. When first called to a patient in this disease, long before the efflorescence has appeared, or even re-action has taken place, we find the papillæ of the tongue red, swollen, and projecting through the white fur, while the whole lining of the mouth and fauces is preternaturally red and sensible. The tonsils are enlarged and intensely red; swallowing and deglutition are performed with difficulty; while the gastric irritability and tenderness on pressure at the epigastrium, prove that this hyperæmia is not confined to the upper portion of the mucous membrane. This derangement of the circulation appears to be the first link in the morbid chain, and the subsequent phenomena, as they successively manifest themselves, owe their character to the nature and intensity of the primitive affection.

The existence of a direct sympathy between the skin and mucous surfaces, is so generally acknowledged, as hardly to need illustration. Daily observation shows, that when one is excited to inordinate action, the other takes on the same excitement; and again, when one falls below the healthy standard of vitality, the same relaxation occurs in the other. Various phenomena illustrate this connection; such as the pimples and blotches on the face of the drunkard; the parched and shrivelled skin of the dyspeptic; eruptions caused by poisonous ingesta, especially some species of shell-fish. Begin observes—"The skin is connected with the alimentary canal by such close sympathies, that its inflammations are most generally the result of gastro-intestinal excitements. In the acute stage, the eruptions accompanying scarlatina, rubeola, variola, varicella, are constantly preceded by an inflammation of the digestive canal: and in the chronic stage, herpetic, and other kind of eruptions, as well as deep erosions of the skin, are under the influence of the same affection. In the gastro-enteritis, the heat, dryness and acrimony of the skin, are in a direct ratio with the intensity of the irritation, and with its effects on the organism."

In the exanthematous fevers, especially smallpox and measles, the phenomena manifested during life, as well as the autopsic appearances, prove the existence of inflammatory engorgements of the internal mucous membranes. That evidence of this does not always appear after death, does not by any means disprove the fact, for as the scarlet efflorescence from the sanguinolent injection of the external vascular reticulated tissue vanishes soon after the cessation of life, so we may safely conclude that a similar change occurs in the internal capillary system. This opinion is confirmed by the very able report of cases of variola, drawn up by Dr. Geirhard, of Philadelphia, witnessed in the *Hôpital des Enfants Malades* of Paris, published in the twenty-second number of the *American Journal*.

Though serious vestiges of disease were not always witnessed in the mucous membrane, yet the arborizations, softenings, discolorations, &c. frequently met with, show very conclusively that the deviations from the healthy structure in this tissue, were neither accidental nor trifling.

From observation and autopsic results, we arrive then at the conclusion, that the essential phenomena of scarlet fever are dependent on an

erythmoid inflammation of the mucous membrane of the upper extremity, principally of the digestive tube, and propagated by sympathy to the external tegumentary tissue. In *simple* scarlet fever, this inflammation is less intense, and from the slight disturbance of the circulatory system, re-action is speedily established, and the whole reticulated tissue of the skin becomes injected. In the *anginose* variety, there is a higher grade of inflammatory action in the same structure, manifested by greater disturbance of the vital functions, and often terminating in serious lesions of some important organs. Unless such lesions early occur, the capillaries of the skin become injected, and we have the same efflorescence as in the simple form of the disease. In this form of scarlatina, the inflammation, after attacking the tonsils, &c. often extends to the submaxillary and parotid glands, which either suppurate, or remain a long time indurated and swollen. In the *malignant* scarlet fever, as it is termed, we have a still more intense degree of inflammation rapidly terminating in ulceration, and, unless speedily arrested, in death. Those pathologists who consider this disease an essential fever, and the throat affection an accidental circumstance, object, that the constitutional disturbance is not always proportioned to the degree of local disease. To this we might reply, by referring to other disorders, where the cause, as well as the original lesion, are alike trivial, when compared with the magnitude of the result. For example : tetanus from the prick of a needle ; hydrophobia from the bite of a rabid animal ; pain from a decayed tooth ; fainting from the sight of certain objects ; and death from a moderate blow over the epigastrium, &c. Besides, much is to be allowed for constitutional differences. In a person of irritable temperament and delicate constitution, an irritation, which in one of an opposite character would induce a train of symptoms of a mild nature, often proves fatal.

If we suppose the specific poison which gives rise to scarlatina to be introduced by the stomach into the system, it should, like other poisons, first occasion irritation of the gastric passages ; all the sympathies which connect this important organ with the other viscera are awakened, producing pain in the head, accelerated action of the heart, dry and burning skin, suspension of the secretions, terminating, in favorable cases, in a depurative process to eliminate the noxious cause, by stool, urine, perspiration, or salivation. When the action of the morbid cause is moderate, we actually see such critical discharges within from twelve to forty-eight hours ; if more severe, the contest is often protracted and uncertain. But it has been found by actual experiment, that it is not necessary that the first impression be made upon the gastro-intestinal mucous membrane ; the same phenomena will result, if the specific poison be introduced by absorption from the skin, or through the medium of the lungs. Magendie and Orfila have both established this fact, by throwing different substances into the veins, and injecting them into the cellular tissue. Broussais remarks—" It is always by an irritation primarily developed on the *digestive surface*, propagated to the brain, and to the apparatus of ganglionic nerves, and accompanied by the most usual symptoms of gastro-enteritis, that nature prepares the depurative evacuations, by means of which the elimination of foreign unassimilated bodies is accomplished.—*United States Medical and Surgical Journal, abridged.*

OBSERVATIONS ON THE DISEASES OF PRINTERS.

BY M. CHEVALLIER.

A GREAT number of philanthropists and medical writers have bestowed considerable attention on the diseases by which the working classes are afflicted ; but when we read the works which are specially dedicated to this branch of medicine, we cannot help being convinced that many have been written with a spirit of exaggeration which almost renders them useless, while others are founded upon facts too carelessly compiled, or not sufficiently numerous.

Thus, if we consult the otherwise excellent work of Mr. Thackrah, we find the diseases to which printers are liable (p. 42) despatched in a few words, and the term of fifty years assigned as the maximum of longevity for compositors, although it is notorious that many of them reach sixty, seventy, or even eighty years of age.

It is only by having recourse to the workmen themselves or their employers that we can expect to verify the assertions contained in authors. Such has been the method pursued by M. Chevallier ; without being discouraged by the unsuccessful efforts of those who preceded him, he obtained at length about 33 written answers to 400 letters which he addressed to the different master-printers of Paris. He also examined verbally a great number of workmen, apprentices, &c., and from these two sources drew the materials which compose the essay now before us.

If we are to believe authors, the profession of printer is unhealthy, 1st, as the workmen are subject to painter's colic and paralysis ; 2dly, as determining various other diseases. After a minute and very laborious investigation into the different assertions put forth by writers upon this subject, M. Chevallier concludes that the profession of printers is by no means so unhealthy as has generally been imagined. The eyesight of the compositor is very often injured, and many of them are compelled to wear spectacles at the age of 45 ; but amaurosis only attacks them accidentally. As to the question whether printers are subject to attacks of colica pictorum, the answers obtained by M. Chevallier were contradictory : thus, twelve master printers averred not having observed colic of this description ; however, a still greater number attested the existence of this disease in their workshops, and the accounts given by the compositors themselves left little doubt on the subject.

The colic which attacks printers depends in all probability on the introduction of a metallic oxide into the economy ; the dust of the press-rooms contains a quantity of this metallic powder, and it is a curious circumstance, confirmed by a great number of witnesses, that it is almost impossible to rear up cats in these establishments. The prevalence of painter's colic, however, is much less extensive now than formerly, from a difference in the composition of the characters, and from a greater cleanliness of the workmen. Are printers subject to diseases of the chest ? This question has been examined with great care by the author, who concludes that printers are not more subject to pectoral disease than any other class of workmen : cases of paralysis are also rare, and chiefly observed in the old or intemperate workmen. In a word, if

we are to take the evidence given by the masters, a working printer who is sober, and of steady habits, is not subject to any disease that can be attributed to the profession which he exercises.

Mr. Thackrah, in his work on the diseases of mechanics, &c., gives it as his opinion that scarcely a single printer can be found beyond the age of 50. This may be the case in the large towns of England, but it is not applicable to Paris. In twenty-three printing-offices the ages of the workmen were examined by M. Chevallier; in twenty the ages varied from that of the apprentices up to fifty, sixty, and seventy-five; in three only the oldest workman was not beyond 40 or 45 years of age; in one office, amongst 35 or 40 workmen, twelve were between 45 and 70 years of age; in another there were twenty from 40 to 60; and the master of a third declared he had himself known more than fifty workmen beyond the age of 60. During the year 1831, twenty-five printers died in the different hospitals, &c. of Paris, whose ages varied between 55 and 78, and the author quotes the names of fourteen workmen actually employed of 70 years of age, and one of 80. The celebrated printer M. Didot had a workman who reached the age of 86, and M. Firmin Didot another who worked to the age of 84.—*Ann. d'Hygiene Pub.*

REMARKS UPON FEBRILE AND OTHER DISEASES.

Miscellaneous inquiries and remarks upon febrile and other diseases, with references to various cases, in which there was a similar state of system produced, from different causes, and in patients of different habits: viz. two cases of death from Inanition; a case of Puerperal Mania; two cases of attempted Suicide, from Intemperance; two cases of death from dry Mortification; and a case of Tetanus.

[Communicated for the Boston Medical and Surgical Journal.]

THE human frame is composed of life and death. As it relates to the blood, life is in the arteries, and death in the veins. As it relates to air, life is in its inspiration, and death in its expiration. As it relates to the stomach, life depends upon aliment there; its entire absence, for a protracted period, although arterial blood and pure air may be present, is certain death. Two female patients, adult women, died from inanition. One had paralysis of the œsophagus, the other a tumor of the same organ, ending in ulceration through the neck. Nature would not consent to a long continuance of life by the use of injections; doubtless because the nourishing matters, thus conveyed, could not reach the stomach and have the aid of the gastric juice.

When venous blood predominates over arterial, to a very great degree, death ensues in the aged, and fever or some other disease in the young. The change of blood from arterial to venous, is a spontaneous animal source of disease. Bichat speaks of the fatal consequences of venous blood getting into the arteries. What we know of the cause of diseases, seems to point to animal deterioration. There is no putrefaction without water, and all vegetables contain water, and all water contains animals. But, although all vegetables contain animal matters, yet all animal matter

does not contain vegetable matter. The decomposition of pure animal matter generates ammonia, which is a wholesome or harmless effluvia. But the presence of vegetable matters prevents its evolution. Hence, writers have assumed vegetable putrefaction to be noxious, and that animal putrefaction is void of harm. That never-failing source of disease, *marsh miasmata*, is made up of a decomposed combination of animal and vegetable substances. Liewenhoeck tells of animals in water, so small that hundreds of them together are not so large as a grain of sand; and these minute creatures, by means of the hydro-oxygen microscope, can now be seen by other eyes than his.

To the fact that air from marshes contains more animalcules than other air, must be imputed its deleterious effects upon the human system, as they thus enter the pores of the skin, the stomach, the lungs, and reach the brain and heart, and abdominal viscera. Lancisi, after enumerating the inhabitants of marshes, such as toads, frogs, flies, May-bugs, beetles, earwigs, spiders, leeches, and water-witches, refers to Virgil and Politian, in relation to the species of *culex*, called mosquitoes, as the offspring of moisture and water. He likewise refers to Pausanias, respecting the innumerable clouds of these insects, generated in a certain muddy and choked up stream, and to their so annoying the inhabitants of a certain Grecian city, called *Myon*, that the population were forced to quit it, and flee to *Miletus*. If, therefore, water generates such millions of visible insects, and if every drop of water, in a marsh and stream, contains upwards of 40 animals, as the hydro-oxygen microscope proves, we must undeniably admit that water is chiefly made up of animals, animal eggs, and exuviae; and that, as is intimated by Lancisi, marsh miasmata is "organic animated effluvia." Now the eggs of the mosquito, which are deposited in water in such immense numbers, are hardly if at all visible by the most powerful microscope, whilst the eggs of microscopic animalcules themselves, although reason teaches that their numbers must be also immense, cannot be reached by the most powerful apparatus yet discovered.

I believe that it was Mercurialis* who first intimated that the plague was carried from one place to another by flies, which are observed to alight and feed on the saliva and offal of the sick and dead. We think, at any rate, that these domestic insects are implicated in some mysterious instances of the origin of smallpox.

In all fevers, whether the pulse be feeble, or very full, strong and hard, the muscular strength is always diminished; and this shows that the vital and voluntary nerves are governed by different powers and principles—that they are moved by different parts of the brain—or if by the same part, that their different course and endings very materially alter the mode of action of that great primary moving power. Increased energy and action of one part of the system, is accompanied by diminished energy in another part. Arterial action, too highly exalted, is connected with muscular debility, indigestion, and suppressed perspiration. In like manner, a diminution of action and energy in one organ, tissue, gland, viscus, or evacuation, has increased momentum, or quantity, in some

* Mercurialis was an eminent Italian physician, and died in 1606.

other, perhaps a distant one. In epidemic cholera, the urinary secretion is diminished immensely, or totally annihilated, whilst the discharges from the first passages are increased upon a scale so vast that destruction ensues. In hysteria, the muscular motion and urinary secretion are increased, whilst the peristaltic motion, and alvine evacuations, are diminished. In febrile affections, the peristaltic motion and the alvine and urinary discharges are diminished, whilst the quickness of the pulse and of respiration are increased.

Inordinate nervous excitement sometimes ensues from great and dangerous hemorrhages. The nervous system, collecting and concentrating all its energies to support the threatened powers of life from loss of blood, over-acts, and the consequences are alarming, and sometimes fatal. This is an instance in which one system re-acts for another system—the nervous system aiming to do its own offices and also that of its neighbor. A case of this kind merits notice. Mrs. H. a married lady, began to lose blood from the uterus, at the end of the eighth month of pregnancy, owing, as it afterwards appeared, to the adhesion of the placenta, not directly over, but near, the *os uteri*. This hemorrhage continued at intervals for a month and a day, when parturition, of a dead child, took place. But re-action did not commence until the further loss of blood, consequent upon delivery. She then, about 48 hours after that event, became, not merely delirious, but ravingly maniacal; with a very full pulse, and withal so resisting and active, that had not her previous hemorrhage been known, the lancet would have been used, and I am still of opinion that it might have been used, as a dernier resort, with benefit. We suppose that in this, and similar cases, the inordinate cerebral excitement arose from what blood there was remaining in the vessels being sent with such force to the head, as to produce engorgement, perhaps lesions of the brain, and thus to destroy our highly valuable patient. It has been proposed to imitate nature in this respect; that is, to rally a feeble system by producing re-action by bloodletting. But from the result of this case, we should consider that the arterial system, thus brought into re-action, might over-act; whilst, on the other hand, that, if no re-action was produced, it would be but adding to the existing dilemma.

In connection with this case, we will notice two others, entirely dissimilar in all respects, except one, viz. the over-action of debilitated systems. E. Y. a man of about 45, had debilitated his system by intemperance to such a degree that he seemed a fit subject for delirium tremens; instead of which, his powers were wont to rally, and produce such a degree of morbid strength that it was difficult for his attendants to control him, although pale and feeble in his looks. Occasional mania ensued, and sometimes fits of epilepsy; and although a mild clever fellow by nature, he attempted in these paroxysms to injure others, and actually injured himself, for he twice cut his own throat, and once amputated his penis with an axe, thinking, as he said, that it was a piece of tobacco. His attempts at suicide failed in both instances, owing to our timely arrival and arresting the hemorrhage. Consumption at length did for him what he had failed of doing for himself.

Mrs. B. in similar states of system, and from the same cause, was wont to whip her pretty little adopted daughter most unmercifully, and

one day hung herself up with a handkerchief to her warping-bars. She was not quite dead, however, upon our arrival, and our efforts at resuscitation, in this instance, were availing. She recovered, and became a better woman, although I believe she did not entirely quit her pernicious potations.

We will next mention two cases of disease dissimilar to all the foregoing, but similar to each other, and in men of habits diametrically opposite. We cannot, therefore, refer one of them to errors in diet, errors in drink, or to any predisposing regimen or exposure. We must, then, place the malady to the account of a spontaneous change in the animal fluids; in fact, to too great a predominance of venous blood over arterial, and a consequent debility of the solids. Both lived in the country, and both pursued the salutary occupation of agriculture, upon farms of fine fertile soil, located where the air was pure and the water good. They were on adjoining farms, and next door neighbors. Both died of dry mortification, and of the same part of the body. The first was a man aged 59, who had long been a drinker of ardent spirits, in pretty large quantity—at best an intemperate man, although perhaps seldom or never intoxicated. His illness was not long; the disease of which he died began in his toes, and proceeding upward involved the whole leg, which became of a dark purplish hue, and was emphysematous.

The other case was that of Mr. M. aged 28, and being very peculiar as to the age and several other circumstances, will merit a more particular and protracted notice. A case of dry mortification, in one so young, never before, nor since, occurred in our practice, nor do we know a similar one on record. Mr. M. had always been temperate, and for the last three years of his life entirely abstinent. Yet, what was surprising, and contrary to all our previous theories and to the doctrines of our teachers and authors, he could not, during his illness, be made to feel the effects of the most powerful stimulants. Abstinence had not rendered his system more susceptible. There was no accumulation of excitability; or, if there was, it was not possible to excite it. A similar deviation from what was supposed to be an established law of zoonomy, the writer knows not where to find. As those entirely abstinent from ardent spirits do still occasionally become our patients, everything connected with the diseases of a class so meritorious should receive attention and publicity.

From the first settlement of this country, whether the habit was brought across the Atlantic by the pilgrims, or by succeeding emigrants, or contracted on this continent, the use of spirituous liquors seems to have been known. In the wars with the Indians, preceding the revolution, and in that separating struggle of the infant republic from the womb of the mother country, also in agricultural life, in time of harvesting hay* and grain, we read and hear of the use of spirituous liquors, or "strong water." A new era, as it relates to the New World, is that of their total rejection. As it relates to their use, their abuse, and their total rejection, the medical philosopher will ever feel a deep interest. As it relates to the health of the community, and their crimes and morals, the professions of law, medicine and divinity, and the public at large, have all a concern deep and abiding.

* Mr. M. was seized during hay harvest, July, 1830.

The attack of Mr. M. began with pain in the toe, next the great toe of the left foot, with the severity of the felon or paronychia. On our first visit, the integuments of this toe presented a dark, swollen appearance, and no doubt existed of matter, present or forming, in the periosteum. An incision was therefore made, quite to the bone, with relief of the pain, and with the evacuation of healthy pus. Next morning, however, the lips of our incised wound presented a purple hue, and had a gaping appearance, indicating the present or approaching state of a loss of tone in the system, and an incipient sphacelation of the part. Afterwards, the other toes, in rapid succession, died, without any pain at all, which was an unlooked-for occurrence—the color not changing. The white mortification of Quesnay will probably here occur to the learned reader; and, also, the observation of an author more recent, whose idea upon this subject is, that as death occurs suddenly in the whole frame, it may also suddenly occur in a part of it. But in all these cases, and in those described by Pott, there were vesicles or a detachment of the cuticle, which in this case had no existence. One day, when dressing the affected toe, I observed a pallid death-like appearance of the great toe of the same foot, of which he had not at all complained. I pricked it with the sharp point of my probe, on its under surface, which he did not feel, and I continued to push the instrument forward, through the skin and through the flesh, nearly or quite to the bone. He did not flinch, nor feel; the toe was entirely dead. The other toes, the foot and the leg, became involved in the same gangrenous process, but without pain or much uneasiness. The case, as a whole, may be viewed as one of systematic affection, manifesting itself locally; a death-like process, from debility of the heart, and predominance of venous blood, presenting a similar phenomenon, in the animal system, to that which is seen in trees, which begin to die first in their extreme branches. Mr. Pott found dry mortification more frequently in great eaters than in free drinkers. But my patient was temperate in all things—a young, wealthy, thriving farmer, of correct and exemplary habits. He had slight hebetude at first, but not very definitely marked for more than a few words. He died delirious, about four weeks from his first seizure. His constitution was good, nor did I learn that he was ever before seriously ill of any disease whatever. His system appeared to have lost all susceptibility to remedial excitants; as a proof of which, I may mention that for the last ten days of his life he took a glass of ardent spirits, by direction, every two hours, with other stimulants in full doses, and yet he was never excited. Had he drank a glass of water, instead of spirits, he might, or might not, have lived as long as he did; yet by neither pulse nor person, could any one have told the difference.

This young man's case being thus peculiar, the question arises, how a system, thus unsusceptible to the most powerful stimuli, may be brought to respond to their power? Would bloodletting, and the exhibition of alkalies, have aided in achieving this important end? As to the former, I had determined, upon my second visit, the day after opening his toe, to have resorted to it, for he then, but then only, complained of a pain in his side. But upon raising himself up in his bed to undergo the operation, he became so faint that I thought it improper for him to lose blood,

and it was omitted. A blistering plaister was applied to the pained part, and it drew well. But, as a proof of the torpor of his system generally, and as an evidence of the improbability that amputation of the leg would save the patient, if it had been performed (it being mentioned in consultation), I may mention that he did not feel it draw, nor did he make any complaint or appear to feel the cuticle while it was picked and pulled off, after it had drawn. He never afterwards complained of pain in his side, nor in the affected limb, nor indeed in any part. The limb died from the toes to the knee, without inflammation, pain, re-action, or resistance. Yet, strictly speaking, it could hardly be said to have mortified, unless the term *white* mortification is allowable, for it retained its natural color, or perhaps was rather paler than natural. We may here observe, that the gaping, livid, inelastic appearance of the toe first affected, alarmed me at my second visit, and, therefore, no time was lost in applying and administering those invigorating and antiseptic remedies which seemed best adapted. The counsel and advice of two of the most eminent surgeons and physicians, in this part of the country, was also had, who repeatedly saw my patient. The carrot poultice, the fermenting poultice, the nitrate of silver, the bark, and baptisia, were all freely used externally; and wine, bark, opium, quinine, alcohol, and piperine, internally. The patient had very little febrile affection; none at all by pulse, no thirst, and very little fur on the tongue. But in reviewing the case and the treatment, we have to reflect and to regret that calomel, or the blue pill, was not used, so as to excite ptyalism; or that this had not been effected by rubbing in strong mercurial ointment upon the affected parts. By the system having thus been made to feel the effects of a powerful mercurial excitement, it might have afterwards felt other stimulants. By being artificially excited in one part, it might of itself have rallied, or have been made to rally, in other parts. We have before adverted to the tendency of the system, when depressed in one part, to have an increase of action in some other part. This case, however, did not appear to observe that law—the whole tenor being depression without re-action. Nature, by establishing the law of re-action, acts on a conservative principle; her aim being, that *life*, which consists in *motion*, should not cease in the whole system. This is often a successful, and always a noble effort of the *vis medicatrix*. When, therefore, disease is sinking the whole corporeal frame, and nothing of this kind is done by nature, *art* should interpose. And if art cannot rouse the sinking powers of life generally, it should, by producing catharsis, emesis, vesication, or salivation, rouse them locally. We know, however, that increase of action is not always increase of strength. But the paramount indication is, and ever should be, first to preserve life. To increase strength is a great, but still a secondary indication.

We have more in view, in these remarks, than this individual case, whose parallel may possibly not occur again. We think that the principles involved in this part of our inquiries will apply to fevers, and all other diseases, where debility and torpor, and lack of re-action and energy, are present. And we cannot leave this part of our subject without some further remarks upon bloodletting. We can easily conceive that the heart, the lungs, the brain, and the arteries, may all be embarrassed

by too much venous blood. Too much blood in the veins, lacking oxygenation, may therefore be considered of the nature of a pernicious foreign fluid. But to let blood, when the indication exists in the veins alone, and not in the arteries at all, certainly involves a point of practice both equivocal and delicate. The turgescence of the venous system, the interrupted action of all or most of the important organs before enumerated, and especially the failure of all other remedial agents, may, however, possibly sometimes justify the practice. And it may possibly occur to others, as it does to ourselves, that we have seen effects decidedly good from the evacuation, when we have adopted it after very great hesitancy. When it is considered that in venesection we draw off venous blood only, less apprehension exists of pernicious consequences, in doubtful cases. Alkalies, iodine, and neutral salts, by fitting the system to be acted on by other medicines, and especially by aiding in the process of oxygenation, are remedies which ought not to be overlooked. Dr. Barry, of the British army, failed of curing tetanus by opiates; but at the suggestion of Dr. Ferguson, his superior medical officer, by first giving liberally of soda, his success with his former remedies (opiates) was complete. By Dr. Ferguson's advice, he gave it in doses of a drachm. I recollect giving gradually, but in a short time, 92 grains of calomel, to a patient in tetanus, with the design of producing salivation. But although it was retained, and the patient recovered, it entirely failed of affecting the salivary glands in the least, or even of producing mercurial setor. The same patient took very largely of opium and laudanum, without much apparent effect. An incision was therefore made above the wound (which was made by a pitch-fork near the toes), and every fibre cut off quite to the bone. This artificial wound was then filled with hot spirits of turpentine. In such a case, at the present time, we should rely much upon soda and iodine, as calculated to fit the system to be acted on by other remedies. In tetanus, the loss of action to which we have repeatedly alluded manifests itself in the absorbent system, whilst there is a new and often fatal action going on in the muscles, involuntary, as well as voluntary, and in the whole nervous system.

Our successful cases may be suffered to pass, without much inquiry or remark; but when we lose a patient, and especially such an one as was Mr. M., in the prime, or rather bloom of life, and with a disease so singular, we ought to both inquire and be inquired of. As before noticed, should we have another similar case, we should try a salivation. But it is possible that some one else may be able to point to a mode still more judicious.

We have thought, and I believe, before remarked, that the British naval practice, that of having a court of inquiry upon every commander who loses a ship, let his conduct have been never so valorous, and his exertions never so strenuous and well directed to save her, might be well imitated in medical practice. A medical court of inquiry upon every physician who loses his patient, would stimulate exertion and elicit information.

JOSEPH COMSTOCK, M.D.

P. S.—I trust, Mr. Editor, that it is unnecessary for me to hint to you what to do with my communications if they are too frequent or unworthy the public. The fire, unlike the press, tells no tales.

Lebanon, Ct. July 4th, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 22, 1835.

THE USE OF FRUIT.

As various kinds of fruit are beginning to make their appearance, and as no inconsiderable amount of disease is usually imputed to their agency at this particular season, it may not be inappropriate for physicians to institute some inquiries in relation to their supposed deleterious effects on the health of people of different ages and conditions.

We are familiarly acquainted with the prejudices existing against the free use of our domestic fruits, but very much question whether they have ever operated so unfavorably as is generally believed. It would be quite as philosophical to discard bread stuffs, the various leguminous productions of the garden, and the meats offered in the market, as to interdict the rich fruits which nature has scattered around us. If a careful register were made of all the deaths arising from excess in eating these two species of food, it is quite probable as many would be found attributable to one cause as the other. Eating and drinking have become altogether too artificial: people consult their books oftener to discover how, when, and what sort of a meal should be taken, than to ascertain the state of their finances. Life is thus reduced to an unnatural scale, and the capacity of the stomach measured as a tide waiter would gauge the dimensions of a hogshead, instead of following the simple indications of hunger, which makes no dangerous mistakes under ordinary circumstances, in well regulated society. There is a vast difference between gorging beyond the ability of the stomach to relieve itself, and satisfying the cravings of appetite. Were an individual never guilty of any excesses, he would be exempt from the penalty invariably imposed on the breach of any law of the animal economy.

Instead, therefore, of standing in any fear of a generous consumption of ripe fruits, we regard them as positively conducive to health. The very maladies commonly assumed to have their origin in a free use of apples, peaches, cherries, melons, and wild berries, have been quite as prevalent, if not equally destructive, in seasons of scarcity. All naturalists will testify to the importance of the fruit season to the lower animals, particularly to birds. When there is a failure, or an insufficient supply, the feathered tribes are less musical, less numerous, and commence their migrations much earlier, than when amply supplied with the delicate nutrition designed for them at certain periods of the revolving year.

In the scheme of creative wisdom, the indications are clearly manifested that man is omnivorous; and it was not until muzzled by the opinions of one, and perplexed by the ridiculous hypotheses of another, touching the subject of his food, of which he is himself better qualified to judge than the most learned physician in christendom, that he relinquished the faculty of discrimination implanted in his nature, to become the football of those who raise themselves into a short-lived notoriety by giving to unfounded theories the character only belonging to well-established facts.

There are so many erroneous notions entertained of the bad effects of fruit, that it is quite time a counteracting impression should be promulgated, having its foundation in common sense, and based on the common

observation of the intelligent. We have no patience in reading the endless rules to be observed in this particular department of physical comfort. No one, we imagine, ever lived longer, or freer from the paroxysms of disease, by discarding the delicious fruits of the land in which he finds a home. On the contrary, they are necessary to the preservation of health, and are therefore caused to make their appearance at the very time when the condition of the body, operated upon by deteriorating causes not always understood, requires their grateful, renovating influence.

THE LATE DR. CHARLES MACOMBER.

THE death of this esteemed physician, which took place at his residence in Marshfield, on the 16th of June last, was recorded in this Journal a few weeks since. The No. for June 10 contains an interesting communication from the pen of Dr. M. on Phthisis Pulmonalis, which was written while confined to his room by his last sickness. For the following sketch of his life and character, we are indebted to one who was intimately acquainted with him.

IN the death of CHARLES MACOMBER, M.D. the community to which he more particularly belonged has suffered a severe privation, and his particular friends an irreparable loss. Seldom has one been arrested in a more successful career of active and extensive usefulness.

Dr. M. was born in Marshfield, in July, 1780. His youth was marked with promise and with a peculiar sobriety. The development of his mental powers fully justified his friends in their anticipations of his eminent future usefulness. He was educated at Harvard University, where he was distinguished for an unremitting application to his studies and for his literary acquirements, and still more for a correct and amiable deportment, which secured the affectionate esteem of his cotemporaries and the confidence of the government. He was graduated in 1799, having received the honors of the university and acquired the love and respect of his instructors. He chose the healing art for his employment in life, and was inducted into his profession under the auspices of Gad Hitchcock, M.D. of Hanson, a distinguished physician of that day, and whose eldest daughter, a very amiable and pious young lady, he afterwards married. The soothing attentions and devotion to her husband which she ever manifested, contributed greatly to sweeten the toils of his profession and alleviate oppressive cares and duties.

Dr. Macomber was distinguished in social life for the uniform uprightness of his conduct, his inflexible integrity, and for the correct performance of all the relative duties. As a son, a brother, husband, father, friend and neighbor, he was exemplary. He conciliated the cordial attachment and affectionate esteem of all with whom he came in contact. He preserved a studious habit through life; he read almost every scientific work as it issued from the teeming press, but was more particularly fond of such as tended to illustrate and elucidate the principles of his profession. Whatever he read, he digested and made it his own. He had a peculiar faculty of extracting from it all that was calculated to nourish the intellect and enlarge the sphere of his knowledge, and was ready on every suitable occasion to produce it, and bring every new thought or new theory to the test of experiment. He possessed a very philosophical and inquiring mind, strengthened by constant culture and the habit of thinking and reflecting much. His acute and discriminating judgment was seldom deceived in detecting the occult and latent causes

of disease, and he was equally successful in applying a remedy. This enabled him to excel as a physician, and secured the love, respect and confidence of his patients and their friends to an unusual degree. In his attention to the sick he was unwearied, was patient of incessant labor, and, when duty called, the storm and sunshine were both alike to him.

Dr. M. was a religious man. He had that sanctification of heart which love to God and to man never fails to produce, and which is the fulfilling of the law. His life was imbued and regulated by the influences of pure, deep, abiding, christian principles. A vivid sense of his accountability to his Maker for all his thoughts, words and actions, operated, as a refiner's fire and as fuller's soap, to purify his whole life. This caused him to be looked up to as a guide and main pillar in the church which he had chosen as the scene of his devotions. He met death in the full possession of his reason, and with fortitude and entire submission to the will of his heavenly Father. He appeared to have no choice of his own, but resigned himself into the hands of God, to do with him as he should think best. In his last moments he might have said to his friends, with Addison—"Come and see in what peace a christian can die."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Will you or some of your readers communicate some permanent remedy for the removal of that disagreeable and often troublesome disease, Gonorrhœa mucosa, and give notice of the same in your truly valuable Journal. By so doing, you will greatly oblige one of your subscribers.

MEDICUS.

Buffalo, N. Y. July 10th, 1835.

Self-Limited Diseases.—Dr. Bigelow's excellent discourse before the Massachusetts Medical Society, on this subject, of which a slight notice was given at the time of its delivery, was received too late for a more extended paragraph the present week. If we consult only our own pleasure, every word of it will be republished in the Journal.

TO CORRESPONDENTS.—Several Communications are deferred till next week.

Whole number of deaths in Boston for the week ending July 18, 23. Males, 17—Females, 6.

Of worms, 1—measles, 1—dropsy on the brain, 2—liver complaint, 1—inflammation of the bowels, 1—bowel complaint, 1—hooping cough, 2—mortification, 1—cancer, 1—scarlet fever, 1—teething, 1—consumption, 1—dysentery, 1—bursting bloodvessel, 1—dropsy, 2—lung fever, 1—dyspepsia, 2—throat distemper, 1—canker, 1.

ADVERTISEMENTS.

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JOSEPH H. FLINT,
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May 13.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 29, 1835.

[NO. 25.]

REMOVAL OF CALCULI FROM THE BLADDER.

FROM A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ. SURGEON, ETC.

Now, gentlemen, you have, I believe, but very lately had a full account given you of the causes, symptoms, and treatment of calculous diseases, by your very learned professor of surgery. Any lengthened detail will therefore be superfluous and unnecessary in this place and on the present occasion. The history of the operations of lithotomy and lithotrity alone would more than occupy our time. I shall at once read to you the account of the patient's sufferings under the disease, and of the treatment which had been adopted for his cure before and since his admission into this hospital, and make a few comments upon the subject.

“ Henry Shaw, aged 27, admitted April 30, states that he has labored under symptoms of stone for the last five or six years; that about nine months ago the symptoms became much aggravated, and he applied for admission to a London hospital where lithotrity was tried, but without success, the operation being attended with very great suffering, and not productive of the slightest relief. He has suffered continually since that time, and lately the symptoms have become so unbearable as to induce him again to submit to any operation for their removal.

On admission he was suffering very severely, on account of his having walked several miles from the country. He appeared many years older than he stated himself to be, and his countenance bore an appearance of anxiety and suffering. He complained much of a constant pain referred to the lower part of the abdomen; this was much increased during and after evacuation of the urine, when it was also attended by a burning pain darting along the penis. He was unable to retain his urine for above a few minutes at a time. Occasionally the stream was pretty free, but it frequently stopped suddenly during its expulsion, returning, however, on change of position. The urine was high-colored, mucous, and, after unusual exertion, mixed with blood. Its spec. gravity was 1015, and it became very slightly opaque on the application of heat.

May 1st.—This morning a sound was introduced, and was found to pass over a stone of considerable size, but as the bladder was rather irritable, Mr. Liston was unwilling to make any very minute examination so as to ascertain its size more accurately. Perineum to be shaved. To have a dose of castor oil.

2.—The operation was performed to-day. The curved staff having been first introduced, and the stone struck, so as to satisfy the other officers of the institution of its presence, the patient was secured in the

usual manner. The bladder was reached, and the prostate divided to the necessary extent by the second incision; the forceps was then introduced and the stone (which was about two and a half inches in its longest diameter, and bearing marks of the attack formerly made upon it) was removed with ease, having been first turned by the fore-finger of the left hand in the direction most favorable for its extraction.* A gum-elastic tube was then introduced through the wound into the bladder, and retained there by strips of oiled silk fastened to a bandage applied round the loins. The patient was then removed to bed. A few ounces of blood only were lost after the operation. The tube was kept clear of coagula by means of a feather for a few hours until the urine began to come away clear. The patient gave vent to no expression of pain except during the introduction of the staff, and states that he did not suffer by a great deal so much from the present as from the former operation. Had some slight rigors after the operation, which went off after the application of heat to the feet. Diluents were given freely after the operation, and the discharge of urine was very copious.

3.—Slept pretty well; no complaint of pain; pulse natural; discharge of urine copious.

4.—The tube was removed this morning. Continues perfectly easy. St. haust. Ol. Ricini.

18.—The urine has passed by the urethra for some time back, and the patient is now walking about the ward. He returns home in a few days."

The symptoms are here remarkably well detailed, and the case altogether is clearly stated. The history is such as is usually given by patients laboring under stone, with the exception of the pain being referred to the hypogastric region, instead of the orifice of the urethra. You must have been told, in the lectures by my excellent colleague, that by attention to the state of the digestive organs, and by correcting the morbid secretion of the urine by medicines suited to the prevailing diathesis, calculous deposits may be prevented, or carried off. The symptoms attendant upon the deposit of crystallized sediment you cannot have forgotten, nor the class of medicine proper for each. When concretions of a small size come down into the bladder, and before they have gained much accession, then they may still pass off naturally, or they may readily be seized by such forceps as I here show you, and extracted. There are many specimens on the table of concretions passed, or so extracted, some of no inconsiderable size. You may be aware that the posterior part of the canal is wider than the anterior, and is readily dilatable to a great extent. I have, in my work on surgery, detailed a case in which, by very gradual insinuation of the fore-finger, it was got to pass into the male bladder without the use of any cutting instrument, and without much pain to the patient. A stone of a pretty large size, such as the one I now exhibit (it had been previously, as you perceive, reduced in size by the drilling instrument of Civiale), may be laid hold of, and brought into the sinus of the urethra, and if it be found impossible, as it was in this

* The operation occupied, from the first incision to the removal of the stone, forty-five seconds.
Tutus et celeriter.—*REP. LANCET.*

instance, to bring it farther, it may then be cut upon and taken out with less suffering and risk to the patient than by any other operation.

When such symptoms as presented in Shaw's case have lasted for years, no such proceedings can avail; the foreign body must then be either broken down, and the fragments got quit of, or it must be extracted in the manner you have witnessed. Before determining upon the operative procedure, it behoves you to ascertain correctly the *existence* of calculus, and the number and size. You must ascertain, besides, the state of the containing viscus, and of the whole apparatus—the kidneys and urethra, as also the form of the pelvis, &c. Many mistakes have been committed from a neglect of the necessary precaution to examine the patient in all respects with care and attention before deciding upon or proceeding to an operation. You would scarcely suppose it possible for a man educated to our profession to be deceived altogether as to the existence of a stone in the bladder. This has, notwithstanding, happened very many times, and has led to very painful results. All the symptoms which are detailed in Shaw's case are found to exist in a degree, and to arise, from other causes than the presence of stone in the bladder—such as the disappearance of eruptions, irritation of the intestinal canal, disorder of the kidneys. These symptoms may lead to an examination of the bladder, but recollect that the sources of error are numerous—the sound may be felt to grate on something, on sand entangled in mucus, on the fasciculi of the bladder, on a projection of the prostate. The feeling so communicated will at once be referred to the proper source, by one whose hand is experienced in the work, and whose touch is perfect through education. I could bring forward many instances in which operations have been performed, and no stone has been forthcoming; and I have sounded many in whose bladder stone had been supposed to exist, and in whom a little anthelmintic medicine put all to rights. By a careful and gentle use of the sound, the existence, and the size, and the number of calculi, can be pretty accurately ascertained, and the contact of the sound and stone can be heard as well as felt. The best sound is that of steel, with a short curve; it may sometimes be requisite, in order to facilitate the examination, to inject a little fluid into the bladder, or to change the patient's position. It is highly advisable in all cases that the condition of the kidneys should, by an examination into symptoms, and the state of their secretion, be ascertained as correctly as possible, whatever means are to be adopted for the patient's relief.

From time to time proposals have been made to attack the stone in the bladder, so as to reduce or destroy it either by chemical solvents taken into the stomach, applied directly by injection into the affected viscus, or by the application of mechanical means. The former or lithontriptic plan has now got out of fashion, though at one time many fools were found to believe and trust in it, and much public money was lavished on the inventors of the medicine. Egg-shells, soap, and other sorts of physic, taken by the mouth, were found to travel with rather a degree of slowness and uncertainty, and if they did reach their destination, they did but small damage to the enemy. The bladder was found not very capable of bearing the introduction of acids or alkalies, which, however, acted very prettily upon the stone in a piece of chemical apparatus.

Mechanical contrivances were at various periods suggested and even applied, but it is only of late years that these have been brought to any perfection. It has been discovered, since the attention of the profession has been drawn to the subject, that at a remote period, a monk of Cîteaux broke off small fragments of a stone in his own bladder with a wire pushed through a catheter ; and you may have heard of a Colonel Martine, who, in the end of last century, with a sort of bulbous wire, the end of which was cut like a file, was supposed to have cured himself of a stone in the bladder. He deceived many, and perhaps also himself, for he died of stone.

The very beautiful apparatus of Civiale, which you see here, was hailed as a means of doing away entirely with any other proceeding. Some ingenious alterations were made upon it by Mr. Heurteloup and others, and it was at one time confidently asserted that almost every patient suffering from stone, could thus obtain a perfect and permanent cure. Some new apparatus (I shall not pretend to say who has the merit of the invention, for it would not be very safe to interfere with the contending parties), and certainly of a more efficient kind, was introduced, and forthwith the other was, and by those too who had previously given a different opinion, denounced as totally worthless and inefficient. It is too true that such is the case. You might bore holes through most stones, as you see has been done in this specimen, without in any way advancing the patient's recovery ; on the contrary, with the effect of superadding to his other maladies a thoroughly diseased bladder. This stone was removed by lithotomy in the tenth part of the time that any of the sittings had occupied, with certainly a fourth of the pain and with much less danger. A stone very small and very soft might be managed by this drilling apparatus, but such stones bear no proportion to those which are perfectly impracticable. It is a matter of astonishment to me that some one of the ingenious persons who have busied themselves in this affair, should not have proposed introducing a charge of gunpowder into one of the perforations, and thus shattering the concretion, as rocks are blasted in the bottom of the ocean. Dr. Civiale's invention arose out of an attempt to introduce a bag into the bladder, which should embrace the stone, which was then to be attached by some very concentrated solvent ; the one plan is as feasible as the other.

The new machines have been variously modified and improved in their different parts ; they have been better fitted for seizing readily and safely the foreign body, which, after all, is by no means so difficult a matter as might be imagined, and various forces have been employed to disintegrate the stone and crush its fragments ; the percussion system, the screw, the rack and pinion, and the spring, have all their advocates. You have before you all varieties of tools ; and you will perceive that a great deal of ingenuity has been shown in this matter.

Many people, to my knowledge, are still racking their brains to invent some apparatus superior to any yet used. This is all very praiseworthy, but expectations have been raised too high by far on this subject, by unwarrantable assertions. I have practised all the operations in a wide and extended field, and have seen others perform them ; and if I might be permitted to offer an opinion to you on the subject, I should say, that

unless the laws of the animal economy are subverted, a *permanent cure* cannot be expected to follow lithotripsy, unless in very favorable cases ; and amongst the patients who *now* present themselves for relief from the pains of stone, certainly not more than *one in six* ought to be submitted to that proceeding, and would not be, by a conscientious surgeon, by one who could equally well cut out the stone as powder it down. I place here before you an ample collection of calculi which I have removed from the male bladder, and I challenge any lithotritist, or advocate of the system, to pick out from amongst them anything like that proportionate number which could or ought to have been submitted to their manipulations, keeping altogether out of view the state of the urethra, prostate, and bladder, which often forbid or render them impracticable. It is said that if lithotripsy were generally taught in the schools and practised, patients would apply earlier, and that thus recourse to lithotomy would never be necessary. I am assuredly of opinion that surgeons should make themselves masters of this as of other operative procedures, and that this operation will never be safely performed, nor its merits fully appreciated, till it comes into the hands of well-educated surgeons. In fact, patients can only depend upon a safe and appropriate practice being adopted when they make application for relief to those who can either cut or break down, as the circumstances of the case may direct and warrant. It is too much to expect that lithotomy can ever be entirely superseded ; many people are, as it were, born with stone, and in many instances it exists long, and attains a great size, before a suspicion is entertained of its presence. Certainly if patients were aware of their having stone before it got larger than a hazel-nut, a good many might be relieved by lithotripsy, *and not a few* cured. Even in the most favorable cases, when the stone is of the size I have mentioned, and when the organs are comparatively sound, and free from irritability, a *cure* cannot always be depended upon with certainty by this means. The bladder becomes irregular on its inner surface, and it is no easy matter to make sure that all the fragments are voided. If any be left, you know the consequence to be a speedy reproduction of the disease. When the stone, again, is so large that a repetition of the operation is called for, when one sitting takes place after another to the number of 6, 12, 20, or 50, then I am bound to assure you that a cure need scarcely be looked for. The patient who is so unfortunate as to believe in the statements of the professed stone-grinder, will suffer more pain at *each one* secondary operation, than he would from having at once the stone taken out cleverly and entirely. His life will be more seriously endangered by the inflammatory attacks induced by the frequent pokings in this tender viscus, fostered as it must be by the presence of angular fragments ; and if he should by some chance get out of his friend's hands alive, he will probably drag out a short but miserable existence, with a dreadfully irritable bladder, and that teased probably by half-a-dozen angular stones instead of one. There is, besides, every reason to believe that disease of the kidneys is developed and hurried on by this constant irritation of the other parts of the apparatus with which they sympathize so closely.

There are on the table many specimens of detritus ; one of a very remarkable stone, of which the patient was freed completely by the crushing

operation. It was very soft, and had as its nucleus many seeds of barley, which, with the beards, had been introduced by the urethra by the patient himself, a silly foolish old man.

There are, moreover, several stones formed upon fragments which had been broken down and left; specimens of that kind will, if I mistake not, multiply exceedingly ere long. I expect to cut out not a few; but I fear that many of them must be obtained by post-mortem examination. I am warranted in stating that the stone-breaking has, upon the whole, been attended with far more numerous fatal terminations than ever lithotomy has been, even when performed in the worst possible manner, and by the most bungling pretenders. And such must be the case until the profession take it up and the proper cases are chosen; until its *indiscriminate* employment is discountenanced; and if this be not done speedily, the operation, useful in many cases, will get into disrepute. The very simple and beautiful instruments manufactured by Messrs. Weiss will answer every purpose, and it will afford me great pleasure to explain to any of you their application, and to give you more fully my views and the result of my experience as to the proper cases for the one or the other operation.

[To be continued.]

HISTORY OF A FEVER IN SUNDERLAND, MASS. IN THE YEARS 1831-32.

BY GARDINER DORRANCE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I have been requested to give you an account of a fever, which prevailed in Sunderland four years since, while I resided there. And I feel the more inclined to do it, as a better opportunity perhaps never offered to mark the progress of a typhous fever, which this very decidedly was, and determine how far contagion contributed to its spread.

The town, a small one of about 700 inhabitants, lying on the Connecticut River, had been proverbial for its health, until the winter of 1831, when scarlet fever and hooping cough, then prevalent in the region, spread extensively through it. After their decline, some time in July, two boys, in the southern part of the town, were simultaneously attacked with a fever, which soon exhibited the marks of typhus; such as brown dry tongue, delirium, twitching of the tendons, &c. A young man, who went from the village three miles north, to assist the family, contracted the fever of them, returned to the family to which he belonged, most of whom were soon attacked by it. He was then removed to another town, where his mother and sister apparently took from him the same disease. The lamented minister of the place visited the two boys often, and sickened with fever. Nine of his family were soon prostrated with it. Himself and wife, after eight weeks sickness, with alternate favorable and unfavorable symptoms, worn down with anxiety for their sick children and friends, died within three days of each other.

From the families named, the fever spread through nurses, watchers, and visitors, until sixty cases occurred. Of these sixty cases, six proved

fatal. There was nothing in the fever at this time, very diverse from common typhus. It was not very inflammatory. The antiphlogistic regimen was required ; but some recovered very readily without any loss of blood. When there was local determination, it was generally to the head. The usual length of the disease, when there was no relapse, was fourteen days.

The last case of fever occurred in November, in a house adjoining my own. We then supposed the disease at an end. About six weeks after, a little girl in the same house became unwell. I remarked to her mother, that her tongue resembled the tongue in typhus, but that it could not be that, as typhous fever was extinct among us. Such was not, however, the fact. A little daughter of mine, who frequently visited the sick girl, was soon attacked with fever. This was followed by four other cases in my family. The little girl's mother and several others in the first house were soon sick. A young man nursing a friend in it, sickened and communicated the fever to his family. A boy, who succeeded him, did so to another family. Fever spread rapidly, until one hundred, principally in the village of fifty houses and perhaps three hundred inhabitants, were the subjects of it. Of these hundred cases, nine proved fatal.

The fever at this time was severe in the extreme. In almost every case, there was strongly marked congestion, or inflammation of the brain. The lancet, used unsparingly at the onset of the disease, rendered it safe and mild. When neglected at first, or used but timidly, almost every case ended in delirium, lethargy, and dropsy of head. Never before, nor since, have I seen the strong language of Southwood Smith respecting the timely abstraction of blood in fever attended with cerebral affection, so amply verified. And most bitter was my regret, when from excess of caution on my own part, or from neglect to yield to the disease on the part of the patient, the golden moment of disarming it of its power was allowed to pass. The ninety-one, who recovered, were most of them bled early and largely ; the nine, who died, were not in general until days had gone by. The cold dash, recommended by the writer just mentioned, I tried in some cases after bleeding, with great satisfaction. I have seen a burning fever cooled, and raving delirium calmed, while pouring from a height the cold water, as he recommends, upon the head.

The general prevalence of fever abated in the spring. During the summer, there were a few cases. And there was between them, either a real or imaginary connection, continuing the chain until autumn, when the disease became common again, and forty cases of it occurred ; but of a character very different from those of the previous winter. Biliary derangement now took the place of congestion and inflammation of the brain. The season of the year probably caused this modification. Bleeding was now seldom indicated. Mercurials were the main reliance ; but, incautiously given, they prostrated the strength, sometimes to an alarming extent. In some parts of the valley of the Connecticut, the fever would now have been called "typhus syncopalis." The mortality, during this last period, was less than in the two former ones. The fever lasted in a few families, until winter, when it left the town, and has not returned.

I know it is somewhat unfashionable to believe typhous fever to be propagated by contagion. Some medical writers sit down gravely to discuss the point, whether mumps and measles are contagious. In a great city, where the inmates of the same dwelling have often no intercourse; where the sick are attended by hired watchers and nurses, whose vital air has become the atmosphere of a sick room, and where the very reprehensible practice of visiting the sick is not in vogue, it may not be easily traced to contagion; and indeed typhous fever does not often prevail extensively in a large city. But in a country village, where an intimacy exists among all the families, and where to not *call* upon the sick would show lack of friendship, a contagious disease can be traced, and *typhous* fever, I believe, if introduced, is generally found to spread. Unlike bilious remitting, yellow and other fevers, caused by marsh miasm, or by infection, typhous fever seems to have a specific power to communicate itself, in all climates, and at all seasons of the year. The first frosts do not check it, as they do yellow fever. In Sunderland, its greatest prevalence was in the dead of winter. Cleanliness, free ventilation, and, above all, secluding the patient, by keeping him in a chamber remote from his family, will do much to prevent the propagation of it. Still there is the specific power to communicate itself, to which we give the epithet contagious. And, after watching within the last ten years, in Sunderland and the neighboring towns, from three to four hundred cases of it, I can have no more doubt of its possessing that power than I have that smallpox does.

Dr. Tweedie, physician to the London Fever Hospital, certainly a competent witness in the case, says, "he has no hesitation, after an impartial inquiry into the subject, and ample means of investigation, to affirm his decided conviction that fever will spread by contagion." And so, I believe, will say almost every physician who has been very much conversant with the kind of fever I have described above.

Amherst, July 16, 1835.

A SUMMARY PROCESS FOR THE PREPARATION OF MERCURIAL OINTMENT.

BY JOHN P. METTAUER, M.D. OF PRINCE EDWARD CO. VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance and value of Mercurial Ointment as a medicinal agent, and the difficulty generally acknowledged in preparing it, will, I am persuaded, secure for the following communication at least an indulgent reception from the medical public.

The design of this paper is to present a short and easy method for preparing this valuable article, which will not only abridge the process, and cheapen the price, but furnish it fresh, and of known and certain strength, to every practitioner who will allow himself 25 or 30 minutes time to prepare it.

The division of the metal, by triturating it with terebinthines, although it greatly facilitates the process, furnishes an ointment exceedingly objec-

tionable, on account of the irritating qualities they always impart to it. An ointment prepared in this way, after being used a few times, generally irritates or abrades the cuticle to such a degree, as to require its suspension for a while from the part, and its application to some other, which, when speedy mercurialization is desirable, might deteriorate the case, and even place the safety of the patient in jeopardy. A pure, inodorous, genuine and bland ointment, prepared by the tedious process of trituration, continued for weeks and months, according to plans directed in the dispensaries, must always be a costly article, where the consumption is great. The difficulty and labor of preparing the article in this way, present, to the persons who usually execute the work, a strong motive for fraud, which may be practised either by diluting and weakening it as it is made, or by mingling black substances with it to impart the dark color.

A more expeditious and cheaper method of preparing this indispensable article of medical practice, is, then, a desideratum; to supply which, the following formula and process are designed, and offered to the profession:—

Take of Mercury, 3 viij.
Spermaceti, 3 iv.
Mutton Suet, 3 vj.
Lard, 3 x.

Unite the metal and spermaceti by triturating them well together in a mortar of proper size. Should the division of the mercury be slow (which will sometimes be the case when the spermaceti is dry), a small portion of lard must be added to soften it a little; the rubbing may then be continued until the globules are completely extinguished, and the mass made to assume a dark blue, of uniform color. The suet must now be added, and, after it is well mixed, the lard. I have found the operation to succeed a little better in dry weather, either warm or cool; and would advise a preference to be given to such a state of the atmosphere, especially if large quantities of the ointment are in preparation—the reason will at once strike the intelligent reader.

This process requires from 25 to 30 minutes, and furnishes an ointment in every respect suitable for the most delicate or active uses to which the article is applicable. I have employed it during the last 19 years, in an extensive practice, and without being disappointed once in obtaining its prompt action as a mercurializer, when such an effect should be calculated on at all. The quantities given here are those which I have employed in my own private practice.

In the 2d Vol. page 336—3rd method of the Medical Recorder, Dr. P. K. Rogers, of William & Mary, Va. describes a method for preparing mercurial ointment, shorter than the one I have detailed. I have never employed it, but think very favorably of the process. His plan requires old tallow, and that the linseed oil should have been exposed for some time to the atmosphere to render the operation successful. The plan I advise requires no previous preparation; and the constituents of which the ointment is to be formed can be obtained of every druggist without any trouble, and are generally to be found in the shops of practitioners.

The ointment thus formed will be found to sustain the heat of sum-

mer very well, without liquifying or becoming rancid ; and not inconveniently hard in winter.

The foregoing is at the disposition of the editor of the Boston Medical and Surgical Journal.

In my case of lithotomy, two errors have escaped. In line 7th from top, page 285 of the Journal, it should be 20th day instead of 10th ; line 18 from top, same page, read evinced for witnessed.

July 6th, 1835.

CÆSAREAN OPERATION, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having read in your last number (dated July 1) an account of several *Cæsarean Operations*, I presume to add two to the list, which occurred in the island of Jamaica, and were performed successfully in a very peculiar manner, and without the aid of surgical knowledge or practical skill.

A young negro woman, under age, becoming pregnant, and having a wilful temper, resolved to rip open her womb, and thus to get rid of the child ; a resolution which she executed with her own hands, and recovered. The same young woman, after a year or two, again became pregnant, again formed and again executed the same resolution, and again recovered. According to the statement in the article in your number above referred to, the recovery in the *second* instance was more to be expected than that in the first ; the first recovery being in some degree a sort of earnest of the second. Such is my story, which was related to me above twenty years ago, without particulars ; but it is not likely to be attended with error, being at once so simple and so remarkable.

The business now remaining is to authenticate the fact ; and I do it thus, to my *own* satisfaction. My informant was a person whom I had known from his early years, as being remarkable for his probity and discernment : he was extremely well educated, and he was familiar with many persons eminent for their knowledge in the natural sciences, in England, France, and Germany, and was much esteemed by Dr. Franklin. He was repeatedly made a member of the House of Assembly in Jamaica, declined being placed in the King's Council, but accepted (I think it was from the Duke of Manchester), the office of *cristos* in his district, which placed him at the head of it. The girl was a slave on a large estate to which he was attorney, and on which he resided ; and his own medical attendant, who was also the medical attendant of the estate, of course had charge of the girl after each of her operations. My informant, I must add, was a person remarkable for his humanity, and so attentive to the negroes as to be eminently beloved by them. He was also a religious man.

I shall now make a few remarks.

1st.—I have conceived that the recoveries here were facilitated by the *warmth of a tropical climate*, which prevented injury to the exposed interior of the trunk from *cold* ; and hence I have often thought, that

operations on the organs within the trunk would be performed with more safety in warm rooms in winter, than in cool rooms ; though I cannot say that I have taken any pains to verify this conjecture. At the hospital in Keil, mentioned in the above article, two of the three successful Cæsarean operations noticed, were performed in June, and the other in December ; but that in December was naturally performed in a close room warmed by a German stove.

2d.—There are evils attending surgical operations and wounds, even in hot climates, as a locked jaw ; but these incidents have nothing to do with the case before us.

3rd.—In the first of the operations above recorded, and which was performed by Dr. Zwanck, it is said that Dr. Seidel, another medical gentleman in attendance, supported the parts exposed by the incision, with a cloth "*steeped in oil.*" Query.—May not this cloth, so steeped in oil, not only have excluded the *cold*, but also the *air*, so as to have prevented the evaporation of the *moisture* of the exposed parts, and thus have prevented their becoming *dry* ; as it also prevented the cold following upon evaporation. The hæmorrhage "*arrested by dropping cold water on it,*" was a local matter.

4th.—It is unfortunately not told what was the *posture* assumed by the above-named girl for performing her operation. It is probable that she was *seated* ; and that she had her body somewhat curved forward, is true, but on the *whole*, somewhat reclined. She might even have had an attendant, possibly younger than herself, or possibly some *friend*, whose aid she contrived to obtain.

A. B.

July 4, 1835.

P. S. The following remark on the extract, given in your last number, from Mr. Ellis's lecture on a case of Catalepsy, occurring in a hospital in Dublin, may not be without its interest ; and I therefore introduce it here, although it has no concern with *Cæsarean operations*.

It is stated (see p. 330) that Mrs. Finn, the patient, "*internally got purgatives, antispasmodics, tonics, and emmenagogues of every description.*" Mrs. Finn's case, it is to be observed, exhibited successively "*neuralgia, hysterical paroxysms, aphony, and catalepsy.*" Now it is singular, that in the above relation we learn that Mrs. Finn, by *vomiting* a clot of blood, in consequence of a *sickness at her stomach*, immediately recovered her voice ; and that a patient of M. Andral's, at Paris, recovered from a "*dumbness of ten days,*" *immediately after a fit of vomiting* (see p. 328 and 329)—and yet Mr. Ellis appears not to have given any *emetic* to Mrs. Finn.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1835.

PATENT MEDICINES.

ALTHOUGH there is a general expression of regret at the high-handed system of imposition practised over the land by the sale of what are termed Patent Medicines, and people of intelligence condemn both the

manufacturers and the articles which are represented to be specifics for the entire catalogue of human ills, the business thrives in an unexampled manner. Is it true that a majority of these preparations are actually patented? We apprehend such is not the fact. By some unaccountable influence, the mere declaration that a secret combination of vegetable productions has been exclusively secured to the self-styled inventor, by the official seal at the patent office at Washington, without the least accompanying evidence of the truth beside the assertion of an unprincipled speculator on the public health, gives a ready sale, in most instances, to all sorts of pseudo-medicinal compounds, from a bottle of panacea at the moderate price of three dollars, down to Mrs. Gardner's liverwort syrup. It matters not what the patent stuff may be—the sale is rapid, and the price is in proportion to the demand. If the name carries a happy allusion to a common class of diseases, the call is so much the greater; and a flourish of trumpets is never wanting on the closely-printed wrappers, in the form of numerous certificates, to urge the already duped purchaser to persevere in his meritorious patronage.

When educated physicians give countenance to these abominable cheats, which first rob the valetudinarian of his money, and then of all that remains of a shattered constitution, they deserve the unbridled condemnation of the whole community. Some of them have certainly been the aiders and abettors in this nefarious traffic, to a considerable extent, and have thus brought unmerited disgrace on the whole medical profession.

The conductors of newspapers, also, have long lent their assistance in this business. So long as the papers of the day are the bearers of charlatanical proclamations, and seducing advertisements figure in them from one year to another, as though they were stereotyped for all succeeding volumes, patent medicines will never lack for consumers. If their virtues were only known through journals of science, the world at large would have but little experience in the knaveries to which it now lends a helping hand. On the other hand, to attempt the overthrow of one of the most lucrative kinds of employment ever devised, by writing it down in *medical* periodicals, is as useless as it would be to cannonade a city in Europe by the discharge of artillery in Boston. Were the publications which convey the poison, also to carry the antidote, there would be hope of convincing the taxed multitude of the grossness of the imposition practised upon their credulity. One simultaneous determination by publishers of papers, throughout the United States, not to admit into their columns a single advertisement of these medicines, even for a single year, would nearly prostrate this scheme of cheating those who are least able to bear the loss. But as we can hardly suppose such a desirable resolve will ever be decided upon, nostrums will still maintain their ground, and new ones annually make their appearance, as the ever varying indications of society indicate new modes of attack.

We are not left without a single example, however, among the conductors of the newspaper press, of a professed readiness to take an honorable stand against this mode of continuing the evils of quackery. The *West Chester (Pa.) Whig*, of October 7, in some remarks on the review of Dr. Howe's discourse on quackery, contained in our last volume, makes use of the following observations. We regret to be obliged to add that the motion, at the close of the last paragraph, has not met with a solitary response from the professional brethren of the mover.

"Quackery is one of the worst evils extant. It is the Samson's jaw-bone of the age, by which thousands are slain. The same kind of animal, with the exception of the *long ears*, now furnishes the weapon of destruction, as then, with this simple difference—then it was a *bone*, now a *bolus*.

"We are doubtful whether or no Dr. Howe has hit upon the best remedy for Quackery. He would *lecture* it to death—we would *write*, or rather *print* it down. Open the battery of the Press upon it. Find editors, if there are any such, who are sufficiently independent and enlightened to 'cry aloud and spare not'—and especially to refuse to *advertise* the nostrums of quacks. That would be striking very near the root of the evil. It is the dear docile editors, who blow the bellows for empirics, and puff their vile compounds into public favor; and this, too, either gratuitously 'for the benefit of the afflicted,' or for a very paltry consideration at most.

"Our patience has long been at the point of exhaustion on this subject. It is not pleasant to be singular—it is not polite to refuse to advertise for strangers—but it is not right to tamper with the purses and health and lives of our fellow-citizens. Suppose we call a Convention of editors, and enter into grave council about this and other weighty matters. We are ready to go the whole length of all that the Press can do by fair and honorable means, to suppress quackery, and therefore move that a Convention be held. Who will second the motion?"

MEDICAL SOCIETY OF TENNESSEE.

MINUTES of the proceedings of this Society at its sixth annual meeting, at Nashville, have just been received. The Society appears to be prosperous, and exerting a most desirable influence. Felix Robertson, M.D. is President, and R. C. K. Martin, M.D. Recording Secretary. The following gentlemen were appointed by the president to read papers, at the next annual meeting, on the subjects annexed to their names:—Dr. Drane, orator. Dr. Reese, on the medical topography of East Tennessee; Dr. Buchanan on Middle, and Dr. W. P. Goodwin on Western Tennessee.

The essay on Spontaneous Combustion, read before the Society by Dr. James Overton, is highly creditable to his talents, and will receive the attention, at a future day, which it merits at our hands.

Medical Reform in England.—Parliamentary committee examinations develop extraordinary management on the part of those who conduct medical education in the metropolis. Nothing, however, has come to light that equals the enormity of the late Sir Everard Home's conduct, which was referred to a few weeks ago. For ourselves, we begin to suspect some of Mr. Clift's testimony. Certainly, the anatomical examination of a *dygong* made by Sir Everard not long before his death, as nearly as we can recollect, could not have been purloined from the Hunterian Manuscripts, because the animal was never heard of till long after the death of Mr. Hunter. We are extremely anxious to learn more particulars of this parliamentary evidence of Mr. Clift, and shall lay whatever may come to hand before our readers.

Medical Degrees.—The Western Medical Gazette condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c. &c. The Ohio

institution needs, if all the reports are true, a little of Mr. Warburton's parliamentary drastic lotion, which is working miraculous effects in the guinea apartments of British medical schools.

Small Doses of Calomel.—Mr. Hoare, surgeon, of London, was lately called to a child of fifteen months, which had been laboring under an attack of measles. The eruption was then disappearing, and the child evidently suffering from inflammation of the lungs. *A grain and a half of calomel*, and two of James's powder, were ordered. The powder was repeated the next morning, and a third given some time after. This was all the calomel given by Mr. H. The child complained of soreness of the mouth *on the night the first powder was taken*. The third day, the mucous surface of the fauces became sore and inflamed. The parents were alarmed, and on the eighth day, although the child was then improving, called in another medical attendant, who pronounced the patient to be "in a *complete state of salivation* from the mercury it had taken," notwithstanding that there was no enlargement of the tongue or of any of the salivary glands, no discharge of the saliva, no ulceration of the gums, and no looseness of the teeth. The child died the thirteenth day from the time the new attendant was called; and as it inherited a scrofulous diathesis, Mr. H. thinks its death was occasioned by cynanche maligna. The absurd assertion that Mr. H.'s "treatment had killed the child," was freely circulated, as in the similar case related by Dr. Fuller, of Maine, in the 20th number of this Journal. The above facts are published by Mr. H. to disprove this assertion.

Lithotomy.—This operation was recently performed, very skilfully, by Professor Smith, of Cincinnati—the weight of the stone, two ounces.

Western Medical Journals.—Drs. Cooper and Reed have purchased the Western Journal of the Medical and Physical Sciences, which is to be united with the Medical Gazette, and published by them. Dr. Drake is to be the editor.

Anomalies in the Length of the Intestinal Canal.—Some examples of anomaly in the length of the intestinal canal lately presented to the *Anatomical Society* of Paris, gave the president, M. Cruveilhier, occasion to remark that a great number of measurements had been made under his eyes at *La Salpetriere*, from which it resulted that the variations of the canal are comprised between 7½ feet for the minimum, and 21 feet as the maximum, of its length.—*Lancet*.

Prevention of Hydrophobia.—Dr. DAVID BURNS has called our attention in an earnest address to the importance of propagating correct opinions on this subject on the approach of the season which is especially fraught with danger from the most horrible of diseases. He particularly dwells on the fact that no cure has yet been discovered for hydrophobia when once the attack is manifested, and he would therefore urge on all persons who may unhappily chance to be bitten by any of the tesser quadrupeds, instantly to adopt measures for arresting the absorption of the maddening virus, and particularly recommends the following precaution, which is always within reach for *instantaneous* application,—the means of excision, ablution, and

the cupping-glass, being rarely close enough at hand for *immediate* use. Let the mouth of the bitten person be *applied directly* to the wound, and suction performed with force and determination. Then, as speedily as possible afterwards, let water (warm if possible, for ourselves we should say *cold*, as being less likely to excite absorption) be directed in a stream, a foot or more in height, upon the part, thoroughly washing and again sucking the injured part and washing the mouth immediately after each suction. This course should be pursued by alternations for a quarter or even half an hour. If the wound bleed, so much the better. Danger of absorption by the mouth can only occur where there is excoriation or other breach of surface in that cavity, not a common occurrence, and most likely to be prevented by ablution. However, under any circumstances the bitten person on applying his own mouth risks no attack to which he has not already been rendered a hundred-fold more liable. The knife or caustic may subsequently be used, when practicable, with the hope of increasing the security.—*Ibid.*

Hydriodate of Potassa in Periostitis.—Some time ago, Dr. Williams published a paper in the London Medical Gazette, containing a favorable representation of the efficacy of this remedy in the treatment of periostitis. We find in the last number of that periodical, several very interesting cases of this affection reported by Dr. Clendinning, in which the hydriodate of potassa was employed with the most happy effects. It was administered in doses of 5 to 15 or 20 grains, three times a day, and in one case as much as 30 grains was given at a dose, under the direction of Dr. Elliotson. Dr. Clendinning remarks, that he has also used it with great advantage in chronic articular rheumatism.—*N. A. Archives.*

Creosote as an anti-emetic Agent.—In a paper recently communicated by Dr. Elliotson, to the Royal Medical and Chirurgical Society of London, on the internal employment of this agent in several diseases, he remarks, that he knows no medicine at all to be compared to creosote in arresting vomiting, and that he had repeatedly known it succeed when prussic acid had failed. It has proved in his hands equally powerful to arrest vomiting when present, and to prevent it when threatening. In dyspepsia, also, characterized by pain, acidity, nausea, &c. he has found it very useful: but he has observed flatulency aggravated by it. It was given in doses of two or three drops at first, diffused in watery mucilage, and was gradually increased to ten drops or more. He found it useful also in several cases of neuralgia, and diabetes; and used in form of inhalations, composed of from 5 to 15 drops in a pint of water, he obtained good effects from it in chronic bronchitis; but in phthisis it was found to be powerless, except, that when inhaled, it sometimes rendered the respiration freer, and prevented expectoration.—*Med. Gazette.*—*Ibid.*

Transposition of Viscera.—A case of transposition of the principal viscera, lately described at the Anatomical Society of Paris by M. Grisolles, showed the evident connection which exists between the left lateral concavity of the vertebral column, and the position of the aorta at the left side of the spine. This question has been long debated, and even Bichat attributed the concavity to quite another cause, but in M. Grisolles's case the aorta being situate on the right side, the concavity was placed on that side also. It was ascertained that the subject during life was not left-handed.—*Archives Gen.*

DIED—Near St. Anna, in Texas, Mowry S. Peckham, M.D. late of Pawtuxet, R. I.—In New York, Dr. John Anderton.—At Westfield, Chautauque Co. N. Y. Dr. A. McIntire, aged 80.—At Sharpsburg, Ky. of cholera, Dr. Wright, one of the physicians of the place. Six or seven deaths occurred in that town in one day (July 1) by the same disease.—At Vicksburg, La. Dr. Bodley.

Whole number of deaths in Boston for the week ending July 24, 26. Males, 17—Females, 9.

Of old age, 4—scald, 1—dropsy, 2—sudden, 1—consumption, 6—suppression of urine, 1—accidental, 1—suicide, 1—hooping cough, 1—childbed, 1—typhous fever, 1—dropsy on the brain, 1—measles, 1—intemperance, 1—brain fever, 1.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			<i>Fees</i>
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—tN1.

WALTER CHANNING, *Dean.*

BERKSHIRE MEDICAL INSTITUTION.

THE ANNUAL Course of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*
E. BARTCETT, M.D. *Pathological Anatomy and Materia Medica.*
C. DEWEY, M.D. *Botany, Chemistry and Natural Philosophy.*
W. PARKER, M.D. *Anatomy, Surgery and Physiology.*
JOHN FRISSELL, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on PATHOLOGICAL ANATOMY, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 1, 1835.

By order of the Trustees,

C. DEWEY, *Secretary pro tem.*

NOTE.—The following authors are recommended to be used by the students during the Lecture Term. *On Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practical and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, AUGUST 5, 1835.

[NO. 26.]

REMOVAL OF CALCULI FROM THE BLADDER.

FROM A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ. SURGEON, ETC.

[See page 394.]

THE operation of lithotomy, which has been so much abused and decried of late, is, when properly understood and gone about, one of the least painful (one of my patients from near John o'Groat's House, the northernmost point of the island, compared the sensation to that of shaving with a blunt razor) or dangerous proceedings in surgery, and it is at the same time one of the most satisfactory and successful. This opinion I am confident I shall make you converts to ; nay, more, I shall convince you ere long that I am right, if, as I doubt not, opportunities are afforded here. To be safe, the operation must be attempted only by one who has studied, and that to some purpose, the structure and relative position of the parts, who can cut with certainty into the neck of the bladder, without wounding parts of importance. But that is not all ; he must have also well considered and practised the placing and seizing and extracting of the foreign body, and in this consists the principal difficulty.

The operation has in many cases been tedious, has not been completed in a reasonable time ; parts have been wounded which had better for the patient been left untouched. But this is no fault of the proceeding. It has arisen from want of knowledge and experience, from the use of complicated apparatus. A fatal result is generally attributable to the incisions having been too much extended ; to great violence having been employed in misdirected efforts to extract the foreign body ; to infiltration of urine ; and to the delay which has taken place in finishing the operation.

You would perceive that the instruments I used were few and of simple construction—a *curved staff*, *sharp-pointed knife*, and *forceps*. The staff was of full size, deeply grooved, and the furrow a little towards the one side. It was held *in the same position* from first to last, close to the symphysis. The incisions were made so as to reach that part of the instrument which lay in the membranous portion of the urethra ; in truth, the knife was not directed to the staff until the fore-finger of the left hand, by which the bulb and rectum were guarded, rested on the apex of the prostate, and, I should say, that the prostatic portion of the canal alone was cut. It is immaterial, when this method is followed, whether the bladder contains fluid or not. The division of the gland was *limited*, so that the partition betwixt the cellular tissue of the perineum and pelvis was not broken down or encroached upon. Believe me, that those who advocate the *free incision* of the bladder, if any do so now-a-days, have

had little practical experience in this department. The finger followed the knife into the bladder, and the size of the stone being ascertained, and its position (for it lay a little across) altered, it was seized with the forceps and extracted in the direction of the axis of the pelvis. You might see that the stone was further adjusted in the forceps during the extraction, so that it might be delivered in the most favorable manner, and with the least difficulty. The incision was not long, but I think you will allow that it was well placed, and if so it need not be very extensive; and you might perceive that I carefully avoided directing the edge of the instrument upwards in dividing the muscular fibres, so that the artery of the bulb might not be endangered. No blood was lost, that is to say, scarcely enough to soil the fingers, and this will be generally the case if you follow the plan recommended in the work to which I have already referred you. The forceps are, as you see, of various forms and lengths, so as to suit stones of all sizes and shapes; and instead of having them presented to you as required, you will find it answer better to have them within reach, so that after making yourself sure of the volume and form of the body you have to deal with, you may take up the one that is likely to answer best, or to substitute for this instrument the scoop, which, if the stone be small or soft, and has broken up, is the most convenient instrument. If the forceps, instead of being provided with teeth, have a small piece of linen sewed within their points, you will seldom chip the stone, or ever lose your hold of it. I should have said that I prefer cutting upon a staff the form of which admits of its being conveniently held all throughout by the surgeon who assists the operator. The fore-finger of the left hand is thus left free, and by its direction the incisions can be made with precision and certainty—neither more nor less being cut than what is intended. This, I should think, cannot be exactly the case when a *straight* staff is employed, and held, as it must be, by the surgeon himself, during the most delicate part of the procedure. There can be no difficulty in reaching the bladder thus, but it must in a measure be by a thrust, such as Frere Jacques used to make, and with a tolerably good chance of slitting up some inches of the urethra with its vascular covering.

If, upon introducing the finger and feeling the stone, which is almost always possible, it appears that the limited incision of which I have spoken (say of six or seven lines, and which opening by gentle dilatation may be much enlarged) is insufficient for its passage, then without any further external cut, the right side of the prostate may be divided to a similar extent, and in the same direction, downwards and outwards, or towards the tuberosity of the ischium. It is quite time enough to perform the bilateral section when the necessity for it is ascertained positively; and it can be effected fully as well by a plain narrow knife, as by the complicated *bistouri caché* of Dupuytren. You may see that, by this proceeding, very large foreign bodies may be withdrawn from the bladder, with but slight force, and with no laceration or bruising.

The result of lithotomy *well performed* is most encouraging; the irritating cause is instantly removed, the bladder is empty and at rest for some time; it has an opportunity of recovering its healthy condition, and the chance of return of the disease need never enter into the calculation. It is strange enough that the diathesis almost uniformly is put a stop to (if

it should continue it must be corrected), and the instances in which a second operation becomes necessary are rare indeed. In the other operation, if the stone be not thoroughly at once crushed and the fragments voided, great excitement follows, and the bladder almost uniformly suffers from an inflammatory attack; the patient suffers great agony, and passes loads of vitiated and bloody mucus. The after-operations are generally borne with difficulty, the excitement is then violent and less easily subdued, and the cure, if it can be so called, is protracted and uncertain. The results are concealed, all the successful cases are triumphantly blazoned abroad, the failures carefully hushed up. The results of lithotomy can bear examination; as performed in some public institutions, there can be no concealment or mystification. In the Norwich Hospital lately, thirty-nine patients were cut in succession by the three surgeons before a fatal termination occurred. I have published a list of cases treated in public, and one only in twenty-three suffered from the operation, and the same success has followed my operations, public and private, upon some sixty or seventy others. Had I picked my cases, as many are in the habit of doing, and thus looked more to my own than my patients' interest, had I refused my assistance and the chance of relief from this cruel malady, to any but such as seemed certain to recover, my average of success might have been much higher. Not one in fifty would then, I think, have been lost.

Now you, no doubt, must have been made aware of the fact, that the greater number of patients perish from the effects of effusion of urine into the cellular tissue. You guard against this taking place to a dangerous extent, by the form and extent of the opening. Still farther, it is your business to provide for the free escape of the secretion by placing a tube in the wound, retaining it till the cellular tissue is closed by lymph—from twenty-four to sixty hours, according to the age and condition of the patient. This plan I have followed in every case, and to that, and to not keeping the patient long under intense suffering, I attribute in a great measure my success in the treatment of this disease.

I would earnestly caution you against attempting to cut quickly for display; the most mischievous consequences might follow. You should determine to proceed deliberately, to do your work conscientiously and well, and *without hurry*; the operation may be got through quickly enough, *tuto* and *celeriter*, without risk to the patient, without loss of any blood to speak of, and with much less pain than is imagined or represented by interested individuals—not more pain certainly than is often experienced in the amputation of a finger. Examine Shaw on this point, and you will be satisfied. He would endure twenty times over the operation you saw practised rather than submit again to the grinding process. I recollect performing lithotomy in public on the same day in the Edinburgh hospital. The one patient complained more of the withdrawal of the instrument from the orifice of the urethra, and I really believe suffered more pain, than the patient who was cut. Those who witnessed the proceedings, I believe without exception, decided in favor of the latter operation in the majority of cases; as will most of those who have proper opportunities, and are capable, of forming a judgment in the matter.

I remarked to you the other day in the wards that inflammation is not much to be dreaded after lithotomy well performed ; and I think I stated, that of all the cases I have had the management of, blood has been abstracted only once from the arm, and in two or three instances by leeches on the hypogastrium.

Our patient has gone on favorably ; he is quite comfortable, and has been so all along ; the urine begins to flow with some heat, as might be looked for, along the proper passage, and he has required no medicine but a little castor oil.—*Lancet*.

OBSTINATE AMENORRHŒA CURED BY SINAPISMS TO THE MAMMÆ.

BY JOHN JONES, ESQ. SURGEON, ENGLAND.

ABOUT the end of last March I was applied to by a young woman, æt. 21, who stated that she had been laboring under suppression of the menses for upwards of eighteen months past, and that her general health had latterly become, in consequence, much deranged. The case need not be described in detail ; it will suffice to observe that the general symptoms presented were those of confirmed chlorosis. She said that she had undergone a variety of treatment, all of which had been ineffective. She still desired, however, to be subjected to a renewed trial of remedial means. I accordingly kept dosing her in good earnest for seven weeks with aloetic purgatives, mineral tonics, vegetable bitters, cantharides, secale cornutum,—indeed, until I had exhausted the whole tribe of emmenagogues, without being able to effect even the slightest appearance of the subsidence of the disease, although my patient's life was one of activity, and therefore the more favorable to her recovery. Recollecting at last that I had read in some number (the eleventh I believe) of the *Dublin Medical Journal*, a paper by one Dr. Patterson, relating two cases of amenorrhœa which had been relieved by the application of sinapisms to the mammæ (several similar cases also having been very lately related in the *Lancet*), I recommended a sinapism, consisting of equal parts of powdered mustard and linseed-meal, and warm water, q. s., to be applied over the whole of the right mamma at bed-time, and there suffered to remain as long as it could be borne. The sinapism was continued on for about an hour and a half, and on the evening of the ensuing day I found the breast very painful and much swollen, presenting general inflammatory redness of the skin, which symptoms were so much increased on the third day as to cause considerable symptomatic fever, and compel my patient to remain in bed. It was my intention, should this painful application to the one breast not succeed, to treat the other similarly, but, fortunately, I had no occasion to do so, for, on the fifth day after the application of the sinapism, the catamenia appeared in considerable quantity, and continued to discharge for nearly four days. The young woman has since menstruated regularly, and is now restored to perfect health.—*Ibid*.

A CASE OF PREGNANCY COMPLICATED WITH OCCLUSION OF THE OS UTERI BY A THICK, STRONG MEMBRANE.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the following case was a healthy, and apparently well formed young female, *ætat.* about 19 years. She had been twice pregnant, and required embryotomy each time before delivery could be effected. The pregnancy which furnished the case forming the subject of this communication was her third, and like the former ones had not been distinguished by any remarkable circumstances.

When I first saw this patient more than forty hours had elapsed since the accession of labor. The pains, soon after their commencement, had been observed to traverse the uterus in a peculiar manner, and differently from those of the preceding labors : they seemed to be confined to the superior division of the organ almost exclusively.

Before my arrival repeated examinations had been made *per vaginam*, by the midwife, an experienced and intelligent female, without being able, as she informed me herself, to "find the mouth of the womb."

The first examination which I made confirmed the representations of the midwife in every particular : I could not, even after a most diligent search, and from a prolonged examination, discover a trace of the os uteri. The novelty of the case elicited feelings of unusual interest with me, which were greatly heightened by the long-continued and severe suffering of the poor woman. A strange mystery appeared indeed to envelope the case. Examinations seemed now to promise to effect little else, than to amuse and encourage the patient by my seeming to be doing something. They were frequently repeated, and continued from pain to pain, observing the changes in the part concerned, with as much deliberation and care, as the delicate and embarrassing nature of the case would allow of. Having my finger in the vagina, I imagined (during several pains) as it pressed a certain part of the cul de sac of the vagina near its fundus, that I perceived a slight protrusion, with each succeeding return of them ; this thought at once fixed my attention to the spot with much earnestness. The pain presently recurred, and as the finger had not been removed, a most favorable opportunity for observing the change in the parts was afforded me ; I now distinctly felt the protrusion with the recurrence of the pains, although very circumscribed in extent—being confined to a mere spot. As the pains subsided, the protruded part was succeeded by a corresponding softening, hardly amounting to a recession or subsiding of it. These changes were frequently observed and as distinctly recognized :—the protrusion did not increase in extent by its very frequent recurrence, and under the influence, too, of strong pains : but it furnished the clue for unveiling this interesting case of the mystery and doubt with which it had until now been surrounded.

With these facts before me, I was irresistibly led to the conclusion that the os uteri was covered and occluded by a membrane ; that its close attachment to it as well as the contiguous parts prevented dilatation, and thus became the active instrument in resisting and interrupting labor, in its first or preparatory stage.

In this state of the case a medical friend arrived. A farther examination was now made, to satisfy our minds that the views already intimated were not gratuitous or entirely without foundation. There being a perfect unanimity and concurrence of opinion in our consultation, both as regards the nature of the case and the remediate course demanded for its relief, no time was lost in performing the operation agreed on, which was short and exceedingly simple—and executed in the following manner.

The index finger of the left hand was introduced into the vagina, and its extremity placed in contact with the protruding part. A common perforator with the point pretty sharp and keen, held in the right, was then introduced and conducted along the finger down to the protrusion, with its convexity to the hollow of the sacrum: the point now was applied a little below the most prominent part of it, under the impression that being curved, the instrument would with greater certainty enter the os uteri, after puncturing the membrane, without the danger of wounding the cervix should the protrusion be correspondent with the tincal opening. Placed in this situation the perforator was entered by a steady but gentle effort. As soon as the water began to jet from the wound, and to flow from the vagina, so as to be recognized as the liquor amnii, the puncture was enlarged, by simply opening the blades a little. The finger now was made to enter it, as the perforator was withdrawn, merely to plug it up until I could get out of the direction which the gushing sluice of the waters would be apt to take. The finger being removed, the waters flowed with great impetuosity. They were very soon evacuated, leaving the abdomen much reduced, and affording the anxious female no inconsiderable relief from pain and soreness. As soon as the water ceased to flow, I examined again. I found that the os uteri was covered by a thick, strong membrane; that I had punctured it nearly opposite to the tincal opening; and that this last had not dilated beyond the size of a twenty-cent piece. I next enlarged, with much difficulty, the puncture, by tearing the membrane with the index finger, detaching it at the same time from the margin of the os uteri and cervix, as well as the surrounding contiguous parts. While separating the membrane I distinctly perceived the os tincæ dilate, which in a few seconds was expanded to the full size for delivery—the whole operation lasted about fifteen minutes. The fœtus was now dissected away without any farther delay, though with much difficulty, owing to the contracted and compressed state of the straits. The woman's former labors, in which I had been compelled to resort to embryotomy, induced me in this case to employ it unhesitatingly and as a matter of unavoidable necessity. The fœtus was very large. The woman, after such protracted and severe suffering, felt so much relieved in mind as soon as delivery was announced, as to declare that she was entirely free from pain. There was, notwithstanding, much tenderness and soreness throughout the abdominal region. In six hours after delivery I directed an active cathartic; to be repeated once in eight or twelve hours, until the tenderness of the abdomen should subside. Recovery was rapid. The woman has been pregnant since this case occurred, requiring embryotomy before delivery could be effected, and is now in fine health.

In this case the confinement of the os uteri by so strong a membrane,

must necessarily have interrupted labor in a material degree—perhaps suspended it entirely after the first dilating efforts. The sudden expansion of the mouth of the uterus as the membrane was separated from it, seems to indicate that it was confined. I am disposed to believe that it was the only efficient means of restraining the labor; and that if pelvic deformity had not existed, delivery could never have taken place without its removal by art. The strength of the membrane, as well as of the adhesions, may be inferred with something like certainty, from the resistance it opposed to the expansive efforts of the os tincæ for more than forty hours, notwithstanding the uterine powers were violently exerted the whole time, as indicated by the severity and regularity of the pains—and from its thickness as well as the difficulty experienced in tearing and detaching it with the finger.

This certainly was a deciduous membrane, and may have resulted from the same irritation which unfolded the membranes of the uterine cavity; or it may have been more immediately connected with that of the cervix, and tincal region of the vagina, which in this case effused coagulable lymph, instead of the ordinary secretions in early pregnancy. As far as my memory serves me, the case is without a parallel, and is at the disposal of the editor of the Boston Medical and Surgical Journal, from his friend,

JOHN P. METTAUER, M.D.

Prince Edward C. H., Va. July 22d, 1835.

ON CALOMEL IN GANGRENOPSIS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—Allow me to make a few remarks, not for the purpose of showing to Dr. Fuller, or others, that calomel had nothing to do in the production of gangrene, in the case given in your 20th number—for that has been ably and abundantly done by Dr. North; but to notice the strong and inveterate prejudice that quite a large proportion of the unprofessional part of community, throughout our country, have against the use of calomel (for there are some, even in Maine, according to Dr. Fuller, maliciously disposed towards it), and the spirit in which it is used by some in our profession. Now it cannot for a moment be supposed by any one acquainted with disease and the use of calomel, or mercury, in any form, that the 1 1-2 grain given in the case of Dr. Fuller's, had anything to do in the production of gangrene, or its fatal termination. Yet, notwithstanding, it cannot be denied that cases do occur, and those not very unfrequently, where it is injudiciously used, and where its administration has been followed by the most serious and pernicious consequences.

If any one doubts this, from want of cases that have fallen under his own observation, let him peruse the writings of Guthrie, Armstrong, Travers, Rose, Chapman, Harris, Emerson, Cooper, Thompson, Carmichael, M. Mullin, Ferguson, &c. &c. on the venereal disease, and he will find sufficient evidence to satisfy him that mercury, in some form, has at times been carried to the production of the most disastrous and fatal consequences. It is but the other day that I saw a case of gastro-enteritis, in which calomel was pushed till the countenance exhibited a

most frightful appearance, owing to the excessive swelling of the cheeks, lips, tongue, fauces, and throat, while the saliva flowed in streams.

It is the observation of this injudicious use of mercury, by the common people, at the instigation of interested quacks, and unprincipled men in our own profession, that has caused such a hue and cry, such an inveterate and overweening prejudice in the minds of a vast multitude, against it ; which has produced a war for its utter and entire destruction and annihilation, that rages in many parts of our country with as much venom, fury, and heat, as ever did feudal war or party politics, for which, as we all know, men will sacrifice everything pure, sacred or holy, either on earth or in heaven. It is this, more than any one, and perhaps all causes combined, that has produced, does continue, and will perpetuate (unless obviated), the fear, jealousy, and suspicion, that exist between what may be called the anti-calomel part of community, and the profession at large. It is this, too, that has given to mere pretenders to medicine, those without a particle of true medical knowledge, such confidence in the minds of thousands ; that has placed grossly ignorant charlatans, men who prescribe without principle and kill without remorse, on an equal standing with, and not unfrequently far above, men of the most extensive knowledge and erudition, of the most profound judgment, and of the greatest discrimination.

Now, although it is unsound philosophy to argue against the use of a thing, merely from its abuse, yet the common people have imbibed the idea that its use is, and must inevitably in a great share of the cases be, followed by such effect. Under these circumstances, is it not better to conciliate the prejudices of the people, and inspire their confidence and support, by dispensing with its use, and substituting in its stead vegetable articles, in all cases in which it would not be attended with too much risk to the welfare and safety of the patients ? Besides this, owing to the different susceptibility of different patients, which cannot always be determined, and to other accidental and modifying causes, there is some difficulty, frequently, in so managing this article, as not to produce some of its bad effects, requiring more care and caution, and tact of discrimination, than all possess, or will exercise.

Instead of this course of conciliation and forbearance, many members of the medical profession pursue a directly opposite course ; and instead of humoring the prevailing whims and prejudices, are intolerant and overbearing. And if any one have the boldness or temerity to doubt their infallibility, and the necessity of administering a medicine, the bad effects of which they so often see (or think they see), they, in the plentitude of their wisdom and power, are determined to inflict summary vengeance on them for their temerity and doubt, by a ten times more frequent and greater use of the article in question, than they otherwise would have done. This course of conduct cannot be too strongly reprobated by every well-wisher to the dignity and usefulness of his profession. Let it not be said that I have made this charge wilfully and wantonly ; that there are not such members in our profession. However melancholy the fact, there certainly are such.

The evil of which I complain is increasing, and should be remedied,

for it threatens to circumscribe the usefulness of our profession. Threatens, did I say? it not only threatens, but has done it.

From my own little experience, as well as from the instructions of Prof. Wm. Tully, I am led to believe that in the treatment of all chronic diseases of functional derangement, as well as some of organic, they may be relieved with more certainty and success, and with less risk, with vegetable, than with mineral medicines; such diseases, for example, as dyspepsia, indigestion, chlorosis, epilepsy, chorea, &c. And if the mercurials are used in any of these cases, except simply as cathartics, they should be the non-purging and non-salivating ones—such as the bichlorides, protoxid, the iodo-hydrargeric acid, and the iodo-hydrargerate of the prot-iodid of potassium. In all cases of acute inflammation and fever, except those of the most exquisite entonic diathesis, and those the most malignant and sinking, the use of mercury cannot well nor safely be dispensed with. But more perhaps of this hereafter.

Yours, truly,

G. C. HOWARD, M.D.

Rush, Munroe Co. New York, July 21st, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 5, 1835.

DR. BIGELOW'S DISCOURSE.

WITHIN the last few years, the annual discourses before the Massachusetts Medical Society have been very meritorious productions. Dr. Bigelow's, which has been several times adverted to since its delivery, is manifestly a departure from the common order of addresses, containing something practically useful to the physician; and while the reader is impressed with the truth of the author's observations, he feels that some service has been rendered to the progressive science of medicine.

A great show of words without meaning, is no part of the doctor's forte. Being a close and accurate observer, and accustomed to philosophise for himself, whatever he presents to the public eye bears the impress of originality, and possesses the rare quality, in these hacknied days of worldly wisdom, of being strictly his own.

"In comparing," says Dr. B. "the advances which have been made, during the present age, in different departments of medical science, we are brought to the conclusion that they have not all been cultivated with equally satisfactory success. Some of them have received new and important illustrations from scientific inquiry, but others are still surrounded with their original difficulties. The structure and functions of the human body, the laws which govern the progress of its diseases, and more especially the diagnosis of its morbid conditions, are better understood now, than they were at the beginning of the present century. But the science of therapeutics, or the branch of knowledge by the application of which physicians are expected to remove diseases, has not, seemingly, attained to a much more elevated standing than it formerly possessed. The records of mortality attest its frequent failures, and the inability to control the event of diseases, which at times is felt by the most gifted and expe-

rienced practitioners, give evidence that, in many cases, disease is more easily understood than cured."

This is a plain statement of facts, however mortifying it must be to those who boast of their skilful application of remedies : and it is honest, too.

"This deficiency," he continues, "of the healing art, is not justly attributable to any want of sagacity or diligence on the part of the medical profession. It belongs rather to the inherent difficulties of the case, and is, after abating the effect of errors and accidents, to be ascribed to the apparent fact, that certain morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents with which it is in our power to oppose them. To these morbid affections, the duration of which, and frequently the event also, are beyond the control of our present remedial means, I have, on the present occasion, applied the name of *Self-limited diseases* ; and it will be the object of this discourse to endeavor to show the existence of such a class, and to inquire how far certain individual diseases may be considered as belonging to it.

"By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences ; one which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art,—but to which there is due a certain succession of processes, to be completed in a certain time ; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment."

A great change is evidently taking place in regard to the old mode of theorizing upon every malady to which man is incident. Facts are now first demanded, and every one may then dispose of them according to his own individual fancy. Dr. Bigelow, in the following paragraph, makes a bold declaration, but it is nevertheless true—and yet he is the only eminent practitioner who has had the courage to assert it in this country. The closing remark, however, in which the idea is advanced that the services of a physician are useless, is quite as startling to us as it would be to a patient in the last stages of disease, on being told that he must trust entirely to luck for recovery.

"The existence of a class of diseases, like those under consideration, is, to a certain extent, already admitted, both by the profession and the public ; and this admission is evinced by the use of certain familiar terms of expression. Thus, when people speak of a 'settled disease,' or of the time of 'the run of a disease,' it implies, on their part, a recognition of the law, that certain diseases regulate their own limits and period of continuance.

"It is difficult to select a perfectly satisfactory or convincing example of a self-limited disease from among the graver morbid affections, because in these affections, the solicitude of the practitioner usually leads him to the employment of remedies, in consequence of which, the effect of remedies is mixed up with the phenomena of disease, so that the mind has difficulty in separating them. We must therefore seek for our most striking or decisive examples among those diseases which are sufficiently mild, not to be thought to require ordinarily the use of remedies, and in which the natural history of the disease may be observed, divested of foreign influences. Such examples are found in the vaccine disease, the chicken-

pox, and the salivation produced by mercury. These are strictly self-limited diseases, having their own rise, climax, and decline, and I know of no medical practice which is able, were it deemed necessary, to divert them from their appropriate course, or to hasten their termination."

The best part of the dissertation commences on the thirteenth page. We advise our young physicians, particularly, to profit by this able writer; which can be the most effectually accomplished by purchasing the pamphlet, though it is our intention to republish all its essential points.

"Under the simple self-limited diseases, we may class *hooping cough*. This disease has its regular increase, height, and decline, occupying ordinarily from one to six months. During this period, medical treatment is for the most part of no avail. After hooping cough has reached its climax, change of air sometimes appears to hasten convalescence. Also if inflammatory, or other morbid affections, supervene upon the pure disease, they may become subjects for medical treatment. With these exceptions, hooping cough appears to be a self-limited disease.

"Most of the class of diseases usually denominated eruptive fevers, are self-limited. *Measles*, for example, is never known to be cut short by art, or abridged of its natural career. *Scarlet fever*, a disease of which we have had much and fatal experience during the last three years, is eminently of this character."

"*Smallpox* is another example of the class of affections under consideration. It may, at first view, appear that inoculation has placed artificial limits on this disease. But it must be recollected, that inoculated smallpox is itself only a milder variety of the same disease, having its own customary limits of extent and duration, which are fixed, quite as much as those of the distinct and confluent forms of the natural disease.

"*Erysipelas* is an eruptive fever, having strong analogies with those which have been detailed. It is not certain that art can very materially affect either the duration or the extent of this malady."

"It is a question of great interest to the medical profession, to determine whether *typhus* is a disease susceptible of control from medical means. On this subject no one now doubts, that if the disease is once fairly established in the system, it cannot be eradicated by art, but must complete a certain natural course, before convalescence can take place. But a question still exists, whether this disease is capable of being jugulated, or broken up, at its outset, by the early application of remedies."

A want of room, not of inclination, prevents us from being more elaborate, both in comments and in selections from this discourse, alike honorable to Dr. Bigelow and to the Society. We shall continue making extracts, hereafter, in the order in which it was written, not doubting the good service we shall be doing our professional brethren in the various sections of the United States where our Journal so freely circulates.

MEDICAL COLLEGE OF OHIO.

LAST week a paragraphic notice was given of a certain supplement to the Western Journal, which gives a detailed history of the troubles in that apparently rotten institution. We cannot refrain from expressing our conviction that the difficulty is not yet so effectually obviated by removing a phalanx of adhesive professors, as to insure the future prosperity and glory of the college. Indeed, while the state of feeling exists among the members of the medical profession throughout Ohio, to be inferred from

the spirit of the document before us, rather than from any positive declarations, the great School of Lexington, Kentucky, which seems to be the leviathan to be overcome, will increase in power and in influence.

The management discoverable in reading the report—which must be regarded as particularly unfortunate, for it is greatly to be feared that it will prove the future blight of the college—will produce a vast deal of angry commotion.

We are utter strangers to every person of the old and the newly organized board of faculty, and therefore cannot be supposed to be influenced in these remarks by any partialities. The gentlemen displaced by the trustees were Drs. Eberle, Cobb, Smith and Moorhead. The new faculty is comprised of the following gentlemen—who combine as much intellectual strength as could have been selected.

Special and Surgical Anatomy, by Joseph N. McDowell, M.D. General and Pathological Anatomy, Physiology and Medical Jurisprudence, by Samuel D. Gross, M.D. late of the Medical College of Ohio. Surgery, by Horatio G. Jameson, M.D. late of the Washington Medical College, Baltimore. Obstetrics and the Diseases peculiar to Women and Children, by Landon C. Rives, M.D. late of the State of Virginia. Chemistry and Pharmacy, by James B. Rogers, M.D. late of the Washington Medical College, Baltimore. Materia Medica, by John P. Harrison, M.D. late of Louisville, Kentucky, now of Philadelphia. Theory and Practice of Medicine, by Daniel Drake, M.D. Adjunct Professor of Chemistry and Lecturer on Botany, John L. Riddell, M.A. late of the State of New York.

But after all, a house divided against itself cannot stand.

Death of Medical Men.—Since the commencement of the eleventh volume of this Journal, we have carefully recorded the deaths of all the medical men whose names have reached us through other publications. Dr. Bigelow very forcibly remarks—"The death of medical men is an occurrence which eminently demands our attention, for it speaks to us of our science and of ourselves. It reminds us, that we, in turn, are to become victims of the incompetency of our own art. It admonishes us, that the sphere of our professional exertions is limited, at last, by insurmountable barriers. It brings with it the humiliating conclusion, that while other sciences have been carried forward, within our own time and almost under our own eyes, to a degree of unprecedented advancement, medicine, in regard to some of its professed and most important objects, is still an ineffectual speculation. Observations are multiplied, but the observers disappear, and leave their task unfinished. We have seen the maturity of age, and the ardent purpose of youth, called off from the half cultivated field of their labors, expectations and promise. It becomes us to look upon this deeply interesting subject with unprejudiced eyes, and to endeavor to elicit useful truth from the great lesson that surrounds us."

Coma Somnolentum.—Dr. Fosbroke, physician to the Ross Dispensary, has recently reported an extraordinary case of trance, in a girl thirteen years old, which was treated principally with sulphate of zinc. She slept twice, thirty-six hours at a time. The mucous membrane of the alimentary canal was evidently disordered, and "*colonized with worms*," for which M. Peschier's ethereal tinct. of mole fern buds was prescribed, in

doses from viij. to xxx. gtt. ter die, dropped on sugar. Thread worms, *tricocephali*, were dislodged, but the tendency to sleep was more particularly interrupted by the emetics.

Causes of Indigestion.—Dr. Higgins, an eminent writer on climate, diet, &c. says that drinking over quantities of tea and coffee, is the most frequent and powerful cause of indigestion. Every man acquainted with dispensary or hospital practice in a large city or town, says the doctor, cannot fail to have remarked the frequency of this cause of indigestion, particularly amongst female servants and poor room keepers. If they consent to abandon the habit, they are speedily cured. If not, their stomach and nervous complaints persist ad infinitum.

Rupture of the Heart.—A man having died suddenly, a few months since, at Macroom, county of Cork, an impression was entertained that his death had been produced by a blow from the handle of a spade across the loins, by a fellow laborer. Fifty hours after the decease, accompanied by a magistrate, Dr. McCarthy had the body disinterred for examination. On opening the thorax, the pericardium was enormously distended, which being opened, gave a coagulum of blood weighing four pounds. A rupture was discovered in the left ventricle of the heart, only about two lines in diameter, situated about three quarters of an inch below the junction of the organ with the aorta. It was subsequently ascertained that the deceased had been ailing ten years, and that he had been subject to severe palpitations and violent pains in the chest. The doctor decided, at once, that he died from natural causes, and not from inflicted violence at the hand of any person.

Edinburgh Surgery.—Since Mr. Liston's departure for London, there seems to have been bad management at the North. There is a great pretender on the tapis, characterized by the critics as the *surgical Leviathan*, who protected his finger in an operation for fistula, with a *horn spoon*. An abscess requiring to be opened, was deferred till the "*inflammation had gone off*!" In a luxation of the humerus, of four weeks standing, the leviathan pulled it upwards of an hour—gave nauseating doses—bled the poor fellow—and then dismissed the patient no better than he found him—telling the pupils that the humerus had never been reduced after a luxation of four weeks! Cooper says ten weeks is not too late.

Foreign Substance in the Rectum.—Several cases were detailed, a few weeks since, of individuals laboring under some real or imaginary difficulty in the lower bowel, attempting manual remedy by the introduction of sticks, &c. In one of the latest foreign journals, is an account of one Maggeridge, fifty years old, who forced a rough branch of a tree, knobbed and warty, seven inches long and seven in circumference, so far up the rectum that he could not remove it. His object was to rub a stone to pieces in his bladder. The surgeon who extracted it, Dr. Gray, could feel it above the pubis. The calibre of the rectum was distended by the forceps, in drawing out the block, to the enormous circumference of ten inches. The patient was well directly, so far as the stick was concerned.

Hydrophobia.—A foreign physician recommends, in cases of this painful and hitherto uncontrolled malady, that the body of the patient should be surrounded by *nascent chlorine*, disengaged from a retort, and confined by an envelope of Mackintosh's air tight and water-proof cloth. India rubber cloth, such as manufactured in Boston, is a better article. The patient should be permitted to breathe atmospheric air imbued with chlorine, disengaged from a mixture of peroxyde of manganese and muriatic acid, contained in a cup resting in a basin of tepid water. The suggestion is certainly worthy of trial.

Dictionary of Practical Medicine.—After all that has been said in this country and England of the early forthcoming of this excellent work, the third Part only made its appearance on the 13th of June. A reprint cannot, therefore, very probably be given to us in the United States, for some considerable time.

A profitable Medical Job.—Every stage of the parliamentary medical reform committee, in England, exhibits astonishing abuses and downright iniquity. Money—money—money—is the sole object of every one of those who should dispense honors. Twenty-five candidates have often been examined in one night, in the course of the last ten years. On one occasion the number of candidates examined at one single sitting of six hours, was thirty-four—thirty-one being admitted. The sum received from the lucky ones, was *eight hundred and fifty pounds sterling*!—pocketed by the counsel.

George James Guthrie, Esq.—This distinguished surgeon is now receiving multiplied stripes at the hand of that foe to medical corruption, Mr. Wakley, who, since he found himself comfortably seated in the House of Commons, grows bolder than ever, and, if we mistake not, plans and arranges the whole of his friend Warburton's batteries, so destructive to medical monopolies in the city of London.

Ringworm.—If the accounts are to be relied upon, ringworm is extensively prevalent at this time throughout Ireland. We are so frequently asked for a remedy, without ever having prescribed effectually, that any suggestions from our contributors would be regarded with interest.

Post-mortem of Dom Augustus, of Portugal.—There is lying before us a report by Dr. James R. Taylor, who examined the body of his late imperial highness Augustus—minutely drawn up, but, unfortunately, too long for our purpose. The medical counsel say that he sunk under the violence of *angina crupal*.

Fraud in Physic.—A case of interest to the profession as well as medical brokers, has been decided before Sir N. C. Tindal, in the English court of Common Pleas. John Rawbone brought an action against Arthy Matthews, to recover damages for alleged false and deceitful representations made by the defendant to induce the plaintiff to pay three hundred guineas for a practice connected with a small retail drug shop. It being clearly proved that the represented income was untrue, a verdict was given in favor of the plaintiff of 200*l*. The deceptions played off by the London medical brokers, equal in iniquity the low vices of a gambling house.

Catechu in Mercurial Ptyalism.—Capt. B., twenty-five years of age, having had occasion to undergo a short course of mercury, whilst his regiment was encamped near Harwich, during rather a cold summer, unexpectedly experienced, about the fifth day of the course, approaching ptyalism; and when I was summoned to visit him in the evening, I found him in bed, spitting, or rather slavering, profusely, and presenting a picture of despair, from distress of mind, occasioned by his situation at a moment when he was daily expecting a visit from a party of valued friends, most of them females, to the camp. It was no easy matter to determine under these urgent circumstances what means to use. I had long ago proved the utter inefficiency of alum, opium, and other reputed antidotes against salivation, and at last I thought of catechu, of which I had made a strong decoction for some other purpose, though it was a remedy as yet untried, at least by me. To be brief, I desired my patient to take a wineglassful (about ℥ii. to ℥iiss.) of this decoction every two hours, or even oftener, if his stomach would bear it; and also to gargle his mouth and fauces as frequently as possible with the same. The result was, that when I visited him early on the next morning, the spitting had entirely ceased, and every other sign of the effects of mercury had wholly disappeared, debility from the ptyalism alone excepted. I think that since this case occurred I have had further proof of the efficacy of catechu in obviating the ultimate effects of mercury, and I invite your numerous readers to make trial of it in cases of mercurial ptyalism. Instead of ℥iiss. of catechu to half a pint of boiling water, according to the London Pharmacopœia, I use at least ℥iij. to that quantity of boiling water; for whether infusion or decoction be used, it ought to be made as strong as possible.—*Lancet*.

Marsh Fevers: Quinine in great Doses.—The town of Bougie (one of the points garrisoned by the French in the neighborhood of Algiers) is built on a semicircular range of mountains near the sea, and looks down upon a large open plain, in which the mountain streams discharge themselves and stagnate. Hence the troops stationed in this marshy situation were extensively attacked with intermittent fever, which, in a great number of cases, assumed the character of the malignant fever of warm climates. Without being deceived by the apparent inflammatory or nervous symptoms with which the malignant intermittent fever often commences, the author immediately had recourse to the sulphate of quinine as an antidote, but soon discovered the inefficacy of this remedy in the doses ordinarily employed; he therefore acted with more boldness as soon as any symptoms of the fever appeared, and gave from forty to sixty grains a day; usually one half by the mouth, the other by the rectum. Opium was associated with great advantage with the quinine, in the quantity of four to six grains per day. These means were also seconded by general and local bleeding and revulsives.

Although the doses of the sulphate of quinine were carried so high (two scruples daily for several days), the author never observed any of those toxicological phenomena which a great number of writers on the materia medica attribute to this preparation when given in large quantities. The necessity of keeping the soldiers constantly in the same quarters, and the repeated exposure to the malignant exhalations, gave rise to numerous relapses, and hence those who were cured once, twice, or even three times, sank under repeated attacks of the disease. This explains

the apparent aggravation of the fever at a later period, and the diminished efficacy of the sulphate of quinine. Thus at the commencement (July 1st, 1834) the garrison of Bougie numbered 3300 men. During the first two months the mortality amounted only to 1-35, while six months after the invasion of the fever it had destroyed 1-5 of the whole number.

The principal point to be noticed with regard to the observations of M. Martinet is the fact that sulphate of quinine in ordinary doses has little or no influence over some forms of the malignant intermittent fever, while its beneficial effects are instantly perceptible if the dose be carried to ten or twelve times its ordinary quantity.—*Ibid.*

Whole number of deaths in Boston for the week ending August 1, 40. Males, 23—Females, 17.

Of cancer, 1—decline, 1—liver complaint, 1—bilious fever, 3—old age, 1—infantile, 2—accidental, 2—measles, 3—scarlet fever, 3—inflammation of the bowels, 2—paralysis, 1—suicide, 1—dropsy, 1—consumption, 4—croup, 1—throat distemper, 1—typhous fever, 3—cramp in the stomach, 1—cholera infantum, 2—dropsy on the brain, 1—sudden, 1—intemperance, 1—apoplexy, 1.

ADVERTISEMENTS.

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Boston, April 1, 1835.

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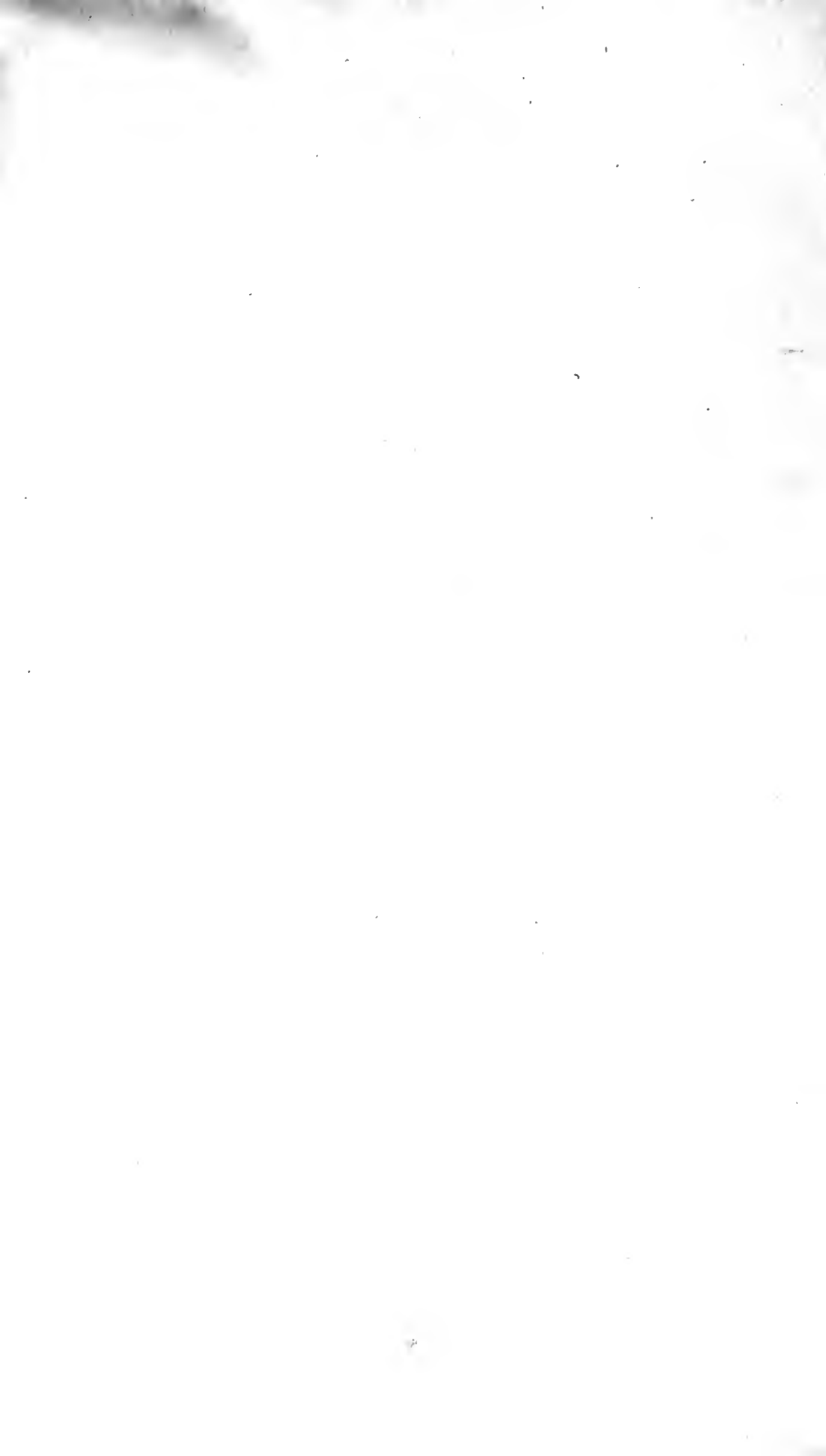
Boston, February 4, 1835.

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